

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003483

1. Entity Name
REAL PAGE, INC.



Principal Place of Business
**4000 INTERNATIONAL PK W
100
CARROLLTON, TX 75007 US**

Mailing Address
**4000 INTERNATIONAL PK W
100
CARROLLTON, TX 75007 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2788861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	WINN, STEPHEN
STREET ADDRESS	4000 INTERNATIONAL PKWY
CITY - ST - ZIP	CARROLLTON, TX 75007
TITLE	GVP
NAME	SCHMIDT, DEAN
STREET ADDRESS	4000 INTERNATIONAL PKWY
CITY - ST - ZIP	CARROLLTON, TX 75007
TITLE	SRVP
NAME	DILWORTH, BOB
STREET ADDRESS	4000 INTERNATIONAL PKWY
CITY - ST - ZIP	CARROLLTON, TX 75007
TITLE	SRVP
NAME	CHARLES, JIM
STREET ADDRESS	4000 INTERNATIONAL PKWY
CITY - ST - ZIP	CARROLLTON, TX 75007
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U000000007436
01/20/04-80024-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-04 972-820-3000