

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015940

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** CORELOGIC DEFAULT INFORMATION SERVICES, LLC

**Current Principal Place of Business:**

1 FIRST AMERICAN WAY  
WESTLAKE, TX 76262

**New Principal Place of Business:**

1 CORELOGIC DR.  
WESTLAKE, TX 76262

**Current Mailing Address:**

C/O CORELOGIC, INC.  
4 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

**New Mailing Address:**

1 CORELOGIC DR.  
WESTLAKE, TX 76262

**FEI Number:** 58-2595921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JANKOWSKI, DENNIS A  
Address: 1 CORELOGIC DR.  
City-St-Zip: WESTLAKE, TX 76262

Title: MGR  
Name: WATTS, A. RUSSELL  
Address: 1 CORELOGIC DR  
City-St-Zip: WESTLAKE, TX 76262

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS JANKOWSKI

MGR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date