

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000041374

**Entity Name:** CORELOGIC COMMERCIAL REAL ESTATE SERVICES, INC.

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**6398457820CC**

**Current Principal Place of Business:**

40 PACIFICA AVENUE  
SUITE 900  
IRVINE, CA 92618

**Current Mailing Address:**

40 PACIFICA AVENUE  
SUITE 900  
IRVINE, CA 92618 US

**FEI Number: 59-3321058**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           HAYES, DAVID R  
Address        40 PACIFICA AVENUE  
                  SUITE 900  
City-State-Zip: IRVINE CA 92618

Title           ASST. SECRETARY  
Name           MORRIS, JAN S.  
Address        40 PACIFICA AVENUE  
                  SUITE 900  
City-State-Zip: IRVINE CA 92618

Title           CHIEF FINANCIAL OFFICER  
Name           BALAS, JIM L  
Address        40 PACIFICA AVENUE  
                  SUITE 900  
City-State-Zip: IRVINE CA 92618

Title           PRESIDENT, CHIEF EXECUTIVE  
                  OFFICER  
Name           DODD, PATRICK L  
Address        40 PACIFICA AVENUE  
                  SUITE 900  
City-State-Zip: IRVINE CA 92618

Title           SECRETARY  
Name           HENRY, FRANCIS AARON  
Address        40 PACIFICA AVENUE  
                  SUITE 900  
City-State-Zip: IRVINE CA 92618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAN S. MORRIS**

**ASSISTANT SECRETARY    04/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date