

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001867

Entity Name: REDFIN CORPORATION**Current Principal Place of Business:**2025 FIRST AVENUE
SUITE 500
SEATTLE, WA 98121**Current Mailing Address:**2025 FIRST AVENUE
SUITE 500
SEATTLE, WA 98121 US**FEI Number:** 74-3064240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIR
Name	SLAVET, JAMES
Address	2929 CAMPUS DRIVE, SUITE 400
City-State-Zip:	SAN MATEO CA 94403

Title	DIR
Name	ANDY, GOLDFARB
Address	ONE BOSTON PLACE, SUITE 2810
City-State-Zip:	BOSTON MA 02189

Title	DIR
Name	GOODRICH, PAUL
Address	1000 SECOND AVE, SUITE 3700
City-State-Zip:	SEATTLE WA 98104

Title	DIR
Name	MYLOD, BOB
Address	ANNOX CAPITAL 40701 WOODWARD AVE SUITE 101
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	CEO
Name	KELMAN, GLENN
Address	2025 1ST AVENUE, SUITE 600
City-State-Zip:	SEATTLE WA 98121

Title	DIR
Name	LIGON, AUSTIN
Address	6615 VAUGHT RANCH RD SUITE 100
City-State-Zip:	AUSTIN TX 78730

Title	DIRECTOR
Name	TOBACOWALA, SELINA
Address	SURVEYMONKEY 285 HAMILTON AVE SUITE 500
City-State-Zip:	PALO ALTO CA 94301

Title	PRESIDENT
Name	NAGEL, SCOTT
Address	2025 1ST AVE #500
City-State-Zip:	SEATTLE WA 98121

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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: ANTHONY KAPPUS**SECRETARY****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CFO
Name NIELSEN, CHRIS
Address 2025 1ST AVE #500
City-State-Zip: SEATTLE WA 98121

Title SECRETARY
Name KAPPUS, ANTHONY
Address 2025 1ST AVE #500
City-State-Zip: SEATTLE WA 98121