

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004055

**Entity Name:** ALTISOURCE SOLUTIONS, INC.**Current Principal Place of Business:**2300 LAKEVIEW PARKWAY  
SUITE 756  
ALPHARETTA, GA 30009**Current Mailing Address:**2300 LAKEVIEW PARKWAY  
SUITE 756  
ALPHARETTA, GA 30009 US**FEI Number: 26-4450651****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name MCCARTHY, CORIN M.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR  
Name LOADHOLT, JAHNISA T.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title ASSISTANT SECRETARY  
Name SZUPELLO, TERESA L.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title OFFICER  
Name BUTCHER-THOMAS, ANDREA A.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title CEO, DIRECTOR  
Name ESTERMAN, MICHELLE D.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR  
Name SETHNA, SHAUN B.  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title TREASURER, CFO  
Name REYNOLDS, SHARON  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

Title OFFICER  
Name HERSHEY, DREW  
Address 2300 LAKEVIEW PARKWAY  
SUITE 756  
City-State-Zip: ALPHARETTA GA 30009

*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: TERESA L. SZUPELLO****ASSISTANT SECRETARY 04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date