

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004055

**Entity Name:** ALTISOURCE SOLUTIONS, INC.**Current Principal Place of Business:**2002 SUMMIT BOULEVARD, SUITE 600  
ATLANTA, GA 30319**Current Mailing Address:**2002 SUMMIT BOULEVARD, SUITE 600  
ATLANTA, GA 30319 US**FEI Number:** 26-4450651**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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           | SECRETARY                        |
| Name            | SCHNEIDERMAN, F. BRIAN           |
| Address         | 2002 SUMMIT BOULEVARD, SUITE 600 |
| City-State-Zip: | ATLANTA GA 30319                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | PRESIDENT                        |
| Name            | HYNES, MARK J.                   |
| Address         | 2002 SUMMIT BOULEVARD, SUITE 600 |
| City-State-Zip: | ATLANTA GA 30319                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | TREASURER                        |
| Name            | BARRACK, JOHN P.                 |
| Address         | 2002 SUMMIT BOULEVARD, SUITE 600 |
| City-State-Zip: | ATLANTA GA 30319                 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | ASST. SECRETARY               |
| Name            | DENONCOURT, TERESA L.         |
| Address         | 12001 SCIENCE DRIVE SUITE 100 |
| City-State-Zip: | ORLANDO FL 32826              |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DIRECTOR                          |
| Name            | SHEPRO, WILLIAM B.                |
| Address         | 291, ROUTE D'ARLON                |
| City-State-Zip: | LUXEMBOURG CITY LUXEMBOURG L-1150 |

*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. DENONCOURT**ASST. SECRETARY****04/08/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date