Filing Fee: \$75.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Home Service USA Repair Management Corp.					
2.	It is incorporated under the laws of Delaware					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 02/08/2006, authorizing it to transact business in Rhode Island under the name of: Home Service USA Repair Management Corp.					
4.	The corporate name of the corporation has been changed to					
	HomeServe USA Repair Management Corp. (If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change					
	——————————————————————————————————————					
	FILED					
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7.	If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change"):					
	Total Number of Authorized Shares	<u>Çlasş</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
	No Change					
8.	(a) An estimate of the value of a is \$ 100000,0000	the following year, wherever located,				
	(b) An estimate of the value of t is \$ 0.0000	erty to be located within	Rhode Island during the following year			
	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0.0000 %. [divide (b) by (a) and multiply by 100 to obtain the percentage]					
9.	(a) An estimate of the gross am \$ 37500000.0000	oration during the following year is				
	(b) An estimate of the gross am Rhode Island during the follo	oration at or from places of business in				
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transact the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is					
10.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11.	 This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provide which shall be no later than the 90th day after the date of this filing					
Da	te: <u>5/17/11</u>	e ir s 	xamined this Application cluding any accomplatements contained be Signature of Autonathan King, President	ary, I declare and affirm that I have on for Amended Certificate of Authority, panying attachments, and that all rein are true and correct.		
			Type or Prin	t Name of Authorized Officer		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

