



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 001335474

2. Exact Name of the Limited Liability Company Optimal Blue, LLC

3. State of Formation

State: TX

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 518210

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MAINTAINS WEB BASED SOFTWARE FOR USE IN THE MORTGAGE INDUSTRY

5. Principal Office Address

No. and Street: 5340 LEGACY DRIVE, SUITE 250

City or Town: PLANO

State: TX Zip: 75024 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 5340 LEGACY DRIVE, SUITE 250

City or Town: PLANO

State: TX Zip: 75024 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	LARRY HUFF	1311 REGENCY COURT SOUTHLAKE, TX 76092 USA
MANAGER	IVAN DARIUS	4709 AUGUST DRIVE

		FRISCO, TX 75034 USA
MANAGER	KEVIN FRICK	1 EMBARCADERO CENTER, SUITE 1680 SAN FRANCISCO, CA 94111 USA
MANAGER	LANCE FENTON	1 EMBARCADERO CENTER, SUITE 1680 SAN FRANCISCO, CA 94111 USA
MANAGER	STUART LODGE	4975 OAK KNOLL LANE FRISCO, TX 75034 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BUSINESS FILINGS INTERNATIONAL, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of October, 2016 at 10:29:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STUART LODGE
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved