RI SOS Filing Number: 202033793610 Date: 2/5/2020 12:12:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Application for Certificate of Authority FOREIGN Business Corporation	R.I. DZ EUS 1 2020 FEB
→ Filing Fee: \$310.00 minimum	2- (S
Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:	 D IZ

or that purpose submits the following statement:	less in the State of Khode Island	, and
1. The name of the corporation is:		12
Realogy Lead Management Se	ervices, Inc.	
2. It is incorporated under the laws of: Delawar	re	
3. The name, if different, which it elects to use in R	hode Island is:	
(a) If the name of the corporation in its jurisdiction of incorporated, or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain not, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rh filed with this application:	Island, then set forth below the fi ode Island as stated in the *Fictit	ctitious name under which the ious Business Name Statement" to be
4. The date of its incorporation is: 11/20/2019		
And the period of its duration is: CHECK ONE BO. Perpetual (on-going)	X ONLY	· · · · · · · · · · · · · · · · · · ·
Date certain for dissolution		· .
5. The address of its principal office is:		· · · · · · · · · · · · · · · · · · ·
175 Park Avenue, Madison, NJ 07940		
6. The name and address of the initial registered ag	jent/office in Rhode Island:	
Agent Name Corporate Creations Network Inc.		-
Street Address (NOT a P.O. Box) 10 Dorrance Str	eet #700	:
City/Town Providence	State RHODE ISLAND	Zip Code 02903

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 150 - Revised: 12/2017

7. The purpose or purp	oses which it	proposes to	o pursue in th	e transaction	of business in	Rhode Island ar	re:
Management of a brol	ker network a	ınd real es	itate referral	business			
							:
8. (a) The names and restate or country of which	espective add ch it is incorpo	resses of it rated):	ts directors (c	ptional, unles	s directors are	required under	the laws of the
NAME					ADDRESS		
Marilyn J. Wasser		175 Parl	k Ave., Madi	ison, NJ 0794	10		
Katrina L. Helmkamp	· · · · · ·	40 Apple	e Ridge Roa	nd, Danbury, C	CT 06810		
		1					
						box to indicate a	
8. (b) The names and re of the state or country of	espective addr of which it is in	ncorporated)	s principal οπ غ):	icers (mandat	ory if directors	are not required	1 under the laws
OFFICE		NAME			A	ADDRESS	•
PRESIDENT	SEE ATTAC	CHED					_
VICE PRESIDENT					<u> </u>	,	
TREASURER				+			
SECRETARY			· · · · · · · · · · · · · · · · · · ·	-	 .	<u> </u>	
				<u> </u>	Check th∈	box to indicate	an attachment 🗸
9. The aggregate numb par value, and series, if	er of shares w f any, within a	hich it has class, is:	authority to in	ssue; itemized			
NUMBER OF SHARES	CLAS			SERIES	PAI	R VALUE OR STATE	E NO PAR VALUE
100	Common				1.00	D	
	<u> </u>						<u></u>
							**
10. An estimate, as a pe	ercentage, of	the propor	tion that the	estimated valu	e of the prope	dy of the corner	ation to be
located within this state the following year, where	during the foll	lowing year	r bears to the	value of all pro	roperty of the c	corporation to be	owned during
-0-			-		•		į.
%							
11. An estimate, as a poat or from places of business	siness in Rhode	le Island dur	uring the follow	wing year com	npared to the gr	ross amount the	the corporation ereof which will be
transacted by the corpor	ration during the	ne following	g year. (Note:	: Percentage c	obtained from I	worksheet.)	
0.1437 %	,						• 1
							-

8.(b) The names and respe	ctive addresses of its principal officers	
Realogy Lead Managemen	t Services, Inc.	
Name	Title	, <u>Business Address</u>
Helmkamp, Katrina L.	President & Chief Executive Officer	40 Apple Ridge Road, Danbury, CT 06810
Simonelli, Charlotte C.	Executive Vice President & Treasurer	175 Park Ave., Madison, NJ 07940
Wasser, Marilyn J.	Executive Vice President & Secretary	175 Park Ave., Madison, NJ 07940
Becker, Scott	Executive Vice President	40 Apple Ridge Road, Danbury, CT 06810
Holzer, Sunita	Executive Vice President	175 Park Ave., Madison, NJ 07940
Pinaire, Joan T.	Senior Vice President, Intellectual Property Law	175 Park Ave., Madison, NJ 07940
Amador, Josefina Martinez	Senior Vice President, Human Resources	40 Apple Ridge Road, Danbury, CT 06810
Barnes, Eric J.	Senior Vice President & Chief Financial Officer	40 Apple Ridge Road, Danbury, CT 06810
Gladdis, Lynette J.	Senior Vice President & Assistant Secretary	175 Park Ave., Madison, NJ 07940
Truwit, Seth I.	Senior Vice President & Assistant Secretary	175 Park Ave., Madison, NJ 07940
Gustavson, Timothy B.	Senior Vice President	175 Park Ave., Madison, NJ 07940
Smith, Curtis	Senior Vice President	40 Apple Ridge Road, Danbury, CT 06810
Treacy, Patrick A.	Vice President, Tax	175 Park Ave., Madison, NJ 07940
Uhl, Pamela J.	Vice President, General Counsel & Asst Secretary	175 Park Ave., Madison, NJ 07940
Toole, III, Clark W.	Vice President & Broker of Record - Florida	5951 Cattleridge Ave., Sarasota, FL 34232

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12. This application must be accompanied by a <u>Certificate of Good Standing</u> formation dated within 60 days of the date of this filing.	/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BO	X ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date	of filing)
Under penalty of perjury, I declare and affirm that I have examined this Applia accompanying attachments, and that all statements contained herein are tru	cation for Certificate of Authority, including any e and correct.
Type or Print Name of Authorized Officer	Date
Seth I. Truwit, Senior Vice President and Assistant Secretary	2/4/2020
Signature of Authorized Officer of the Corporation	$ ilde{ ilde{\gamma}}$
MUSTIN DOCUMENT HERE	• ·

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REALOGY LEAD MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALOGY LEAD MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

7713419 8300 SR# 20200298384

Date: 01-15-20

Authentication: 202193024

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I, NELLIE M. GORBEA, 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:

February 05, 2020 12:12 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

