



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

|  |              |  |   |               |                     |
|--|--------------|--|---|---------------|---------------------|
| 1. Corporate ID No.<br>136463  |              | 2. Name of Corporation<br>Residential Real Estate Review |   |               |                     |
| 3. Street Address Principal Business Office<br>3815 South West Temple, ATTN: Corporate Legal   |              | City<br>Salt Lake City                                   | State<br>UT   | Zip<br>84115  |                     |
| 4. Business Phone No.<br>(801) 293-1883  |              | 5. State of Incorporation<br>Deleware                    |   |               | 6. SIC Code<br>8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>PROVIDED BROKER PRICE OPINION, PROPERTY INSPECTION AND PROPERTY PRESERVATION SERVICES |              |  |   |               |                     |
| <b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                                |              |  |   |               |                     |
| President Name<br>Matthew L. Hollingsworth   |              |  | Vice President Name<br>N/A                                  |               |                     |
| Street Address<br>3815 South West Temple, ATTN: Corp. Legal  |              |  | Street Address<br>N/A                                       |               |                     |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115   | City<br>N/A   | State<br>N/A  | Zip<br>N/A          |
| Secretary Name<br>Robert J. Holz   |              |  | Treasurer Name<br>Bryan M. Marshall                         |               |                     |
| Street Address<br>3815 South West Temple, ATTN: Corp. Legal  |              |  | Street Address<br>3815 South West Temple, ATTN: Corp. Legal |               |                     |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115   | City<br>Salt Lake City                                      | State<br>UT   | Zip<br>84115        |
| <b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                               |              |  |   |               |                     |
| Director Name<br>Matthew L. Hollingsworth  |              |  | Director Name<br>Bryan M. Marshall                          |               |                     |
| Street Address<br>3815 South West Temple, ATTN: Corp. Legal  |              |  | Street Address<br>3815 South West Temple, ATTN: Corp. Legal |               |                     |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115   | City<br>Salt Lake City                                      | State<br>UT   | Zip<br>84115        |
| Director Name<br>Robert J. Holz  |              |  | Director Name<br>N/A  |               |                     |
| Street Address<br>3815 South West Temple, ATTN: Corp. Legal  |              |  | Street Address<br>N/A                                       |               |                     |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115   | City<br>N/A   | State<br>N/A  | Zip<br>N/A          |
| <b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/></b>                       |              |  |   |               |                     |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES   |               |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series  | Par Value           |
| 1,000 COMM \$0.01 PAR VALUE  |              |  | 1000  | A Voting/Comm | \$ .01              |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 6 4 6 3

File Date **FILED** 0000185603  
Check No. FEB 28 2005  
By **KS**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Robert J. Holz

Print or Type Name of Officer

Secretary

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main St  
Providence, RI 02903-13  
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |   |   |                 |
|--|--------------|---|---|-----------------|
| 1. Corporate ID No.<br>136463  |              | 2. Name of Corporation<br>Residential RealEstate Review, Inc. |   |                 |
| 3. Street Address Principal Business Office<br>320 South Warminster Road   |              | City<br>Hatboro   | State<br>PA   | Zip<br>19040    |
| 4. Business Phone No.<br>(801) 293-3848  |              | 5. State of Incorporation<br>DELAWARE                         |   |                 |
| 6. SIC Code  |              |   |   |                 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>PROVIDED BROKER PRICE OPINION, PROPERTY INSPECTION AND PROPERTY PRESERVATION SERVICES |              |   |   |                 |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |              |   |   |                 |
| President Name<br>Matthew L. Hollingsworth   |              | Vice President Name<br>Anthony O. Beirne                      |   |                 |
| Street Address<br>3815 South West Temple   |              | Street Address<br>3815 South West Temple                      |   |                 |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115-4412   | City<br>Salt Lake City  | State<br>UT     |
| Secretary Name<br>Gregory E. Harmer  |              | Treasurer Name  |   |                 |
| Street Address<br>3815 South West Temple   |              | Street Address  |   |                 |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115-4412   | City  | State           |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                   |              |   |   |                 |
| Director Name<br>Matthew L. Hollingsworth  |              | Director Name<br>Anthony O. Beirne                            |   |                 |
| Street Address<br>3815 South West Temple   |              | Street Address<br>3815 South West Temple                      |   |                 |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115-4412   | City<br>Salt Lake City  | State<br>UT     |
| Director Name<br>Gregory E. Harmer   |              | Director Name   |   |                 |
| Street Address<br>3815 South West Temple   |              | Street Address  |   |                 |
| City<br>Salt Lake City   | State<br>UT  | Zip<br>84115-4412   | City  | State           |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES  |              |   |   |                 |
| Number of Shares   | Class/Series | Par Value   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES |                 |
| 1,000 COMM \$0.01 PAR VALUE  |              |   | Number of Shares  | Class/Series    |
|  |              |   | 100   | A-voting/common |
|  |              |   |   | \$0.01          |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 6 4 6 3 \*

File Date 213.04  
Check No. 135324  
By: 2

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Anthony O. Beirne 1/30/04  
Signature of Officer Date

Anthony O. Beirne  
Print or Type Name of Officer

Vice president  
Title of Officer