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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 64924</b>                                                                                                                                     |                                                | <b>Due no later than Jul 31, 2008</b>                                                                                                                                                      |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FASLO SOLUTIONS LLC<br>MELISSA B. STANISAI<br>1 FIRST AMERICAN WAY<br>SANTA ANA CA 92707 |           | CORPORATION SERVICE COMPANY<br>1401 SHORELINE DR STE 2<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                                                |                                                                                                                                                                                            |           | 3. <u>New</u> Registered Agent Signature:*                               |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                                                |                                                                                                                                                                                            |           |                                                                          |         |             |  |
| Office Held                                                                                                                                            | Name                                           | Street or PO Address                                                                                                                                                                       | City      | State                                                                    | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | FIRST AMERICAN DEFAULT<br>INFORMATION SERVICES | 1 FIRST AMERICAN WAY                                                                                                                                                                       | SANTA ANA | CA                                                                       | USA     | 92707       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 64924</b>                                                                                           |                                                | 6. Annual Report must be signed.*<br>Signature: Dennis Jankowski<br>Name (type or print): Dennis Jankowski<br>Date: 05/15/2008<br>Title: Manager                                           |           |                                                                          |         |             |  |
| Processed 05/15/2008                                                                                                                                   |                                                | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |           |                                                                          |         |             |  |