

|   |   |       |            |        |       |
|---|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Homes.com, Inc.</b>   | DUE DATE: <b>11/30/2012</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>GUY R FRIDDELL III<br/>150 GRANBY ST 19TH FL<br/>NORFOLK, VA 23510</b> | SCC ID NO: <b>F1407651</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>NORFOLK CITY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS   | AUTHORIZED  |       |            |        |       |
| COMMON  | 1,000   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>   |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 GRANBY ST

CITY/ST/ZIP: NORFOLK, VA 23510

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JACK J ROSS<br>TITLE: PRESIDENT<br>ADDRESS: 150 GRANBY ST<br>CITY/ST/ZIP/CO: NORFOLK, VA 23510            | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: GUY R FRIDDELL<br>TITLE: VP/SEC<br>ADDRESS: 150 GRANBY ST<br>CITY/ST/ZIP/CO: NORFOLK, VA 23510            | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: COLLEEN R PITTMAN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 150 GRANBY ST<br>CITY/ST/ZIP/CO: NORFOLK, VA 23510 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: SUSAN S GOETZ<br>TITLE: ASST SECRETARY<br>ADDRESS: 150 GRANBY ST<br>CITY/ST/ZIP/CO: NORFOLK, VA 23510     | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: TERESA F BLEVINS<br>TITLE: TREASURER<br>ADDRESS: 150 GRANBY ST<br>CITY/ST/ZIP/CO: NORFOLK, VA 23510       | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|  |                                     |            |
|--|-------------------------------------|------------|
| /s/ SUSAN S GOETZ                                      | SUSAN S GOETZ, ASST<br>SECRETARY    | 11/19/2012 |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE<br>TITLE | DATE       |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.