

1.) CORPORATION NAME:

RealAge, Inc.

DUE DATE: **9/30/2010**

SCC ID NO: **F1721325**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10675 SORRENTO VALLEY RD STE 200

CITY/ST/ZIP: SAN DIEGO, CA 92121-

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: JOHN P LOUGHLIN
TITLE: VICE PRESIDENT
ADDRESS: 300 WEST 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: JOHN A ROHAN JR
TITLE: TREASURER
ADDRESS: 300 WEST 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: DAVID L KORS
TITLE: ASST TREAS
ADDRESS: 214 NORTH TRYON ST
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

OFFICER

DIRECTOR

NAME: CHARLES CORDRAY
TITLE: CEO
ADDRESS: 10675 SORRENTO VALLEY RD
STE 2
CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-

OFFICER

DIRECTOR

NAME: LARRY M LOEB
TITLE: ASST SECRETARY
ADDRESS: 300 WEST 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. ROHAN, JR. DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. LOUGHLIN DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK C. HANFT ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE A. BOSTRON SECRETARY 300 WEST 57TH STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input 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/ DAVID L KORS	DAVID L KORS, ASST TREAS	9/3/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE 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.