

1.) CORPORATION NAME: <b>Hubzu USA, Inc.</b>	DUE DATE: <b>1/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1918004</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <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: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 Abernathy Rd Ste 200  
CITY/ST/ZIP: Atlanta, GA 30328-5604

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: JOSHUA E STEFFAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 1000 ABERNATHY ROAD		
CITY/ST/ZIP/CO: SUITE 200 ATLANTA, GA 30328-5604		

NAME: TIMOTHY G HARCOURT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER/CFO		
ADDRESS: 1000 ABERNATHY ROAD		
CITY/ST/ZIP/CO: SUITE 200 ATLANTA, GA 30328-5604		

NAME: F. BRIAN SCHNEIDERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 202 SUMMIT BOULEVARD, SUITE 600		
CITY/ST/ZIP/CO: ATLANTA, GA 30319		

NAME: JOSEPH A. DAVILA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 40, AVENUE MONTEREY		
CITY/ST/ZIP/CO: , , FN		

NAME: MICHELLE D ESTERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 291, ROUTE D'ARLON		
CITY/ST/ZIP/CO: LUXEMBOURG CITY,L-115,LUXEMBOURG , , FN		

NAME: KEVIN J WILCOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 40, AVENUE MONTEREY		
CITY/ST/ZIP/CO: , , FN		

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.

<u>/s/ F. BRIAN SCHNEIDERMAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>F. BRIAN SCHNEIDERMAN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/27/2016</u> DATE
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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.