

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90361 037 ***150.00

DOCUMENT # 812480

1. Entity Name
STEWART TITLE GUARANTY COMPANY

Principal Place of Business 1980 POST OAK BLVD HOUSTON TX 77056 US	Mailing Address PO BOX 2029 HOUSTON TX 77252-2029 US
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816511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 74-0924290		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MALCOLM		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, STEWART		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, MAX		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KEN D.		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSPETH, C M		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZITOLA, SUE		NAME		
STREET ADDRESS	1980 POST OAK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sue M. Pizzitola / Sue M. Pizzitola 02/26/2001 (713) 625-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR01/01

CR2E034 (10/00)