FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **812918** **(1)**

1. Corporation Name
COMMONWEALTH LAND TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8 PENN CENTER PHILADELPHIA PA 19103	8 PENN CENTER 3RD FLOOR TAX DEPARTMENT PHILADELPHIA PA 19103 US

3. Date Incorporated or Qualified: **07/08/1958**
3a. Date of Last Report: **06/17/1994**
4. FEI Number: **23-1253755** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 Country: 25 / Zip: 29 Country: 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if any) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	WENDER, HERBERT	1.2 NAME	
STREET ADDRESS	8 PENN CENTER	1.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAUSEN JR., ROBERT J.	2.2 NAME	
STREET ADDRESS	8 PENN CENGER, 21ST FLOOR	2.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	2.4 CITY ST ZIP	
TITLE	VC	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGENROTH, IRVING	3.2 NAME	
STREET ADDRESS	8 PENN CENTER	3.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	CFO/T ☒ Change ☐ Addition
NAME	LOCHER, EDWARD P.	4.2 NAME	Tischler, Jeffrey H.
STREET ADDRESS	8 PENN CENTER	4.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	4.4 CITY ST ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JAMES J.D., JR.	5.2 NAME	
STREET ADDRESS	8 PENN CENTER	5.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	5.4 CITY ST ZIP	
TITLE	C	6.1 TITLE	☐ Change ☐ Addition
NAME	WEATHERBY, STEPHEN H.	6.2 NAME	
STREET ADDRESS	8 PENN CENTER	6.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(i)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Secty-Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James J.D. Lynch

4/27/95
Date

(215) 241 6000
Daytime Phone #

0397169 FP