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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 812918

(1)

COMMONWEALTH LAND TITLE INSURANCE COMPANY										
Principal Place o	f Business	Mailing Ad	taress				100101 18101 11010 11010 1010 1	IBB! 1816 B18	I) WINII WINII NINI	i Atūri Diāji idģi
8 PENN CENTER PHILADELPHIA PA 19103		3RD	8 PENN CENTER 3RD FLOOR TAX DEPARTMENT PHILADELPHIA PA 19103 US			3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1958 05/01/1995				
2. Principal Plac	o of Business	2a. Mailing	g Address				4. FEI Number	<b>L</b>	A	oplied For
z. Principai Fiac	e or pasiress	26					23-1253755			ot Applicable
Suite, Apt. #,	etc		Apt. #, etc.				5. Certificate of Status Desired			Additional equired
2		27								
City & State			State				6. Election Campaign Financing Trust Fund Contribution		• .	May Be to Fees
3		28		Cour	ntru		8. This corporation has liability for	intangible		
Zip	Country	] Zij∋ Iool		30	н- у		Florida Statutes 🔲 Ye	s 🔀 No		
4	9. Name and Address of Curre	29 ent Registered	Agent	1557			10. Name and Address of New	Registere	d Agent	
	A' Hame and Moness of Confe		, <del>*</del> ************		81	Name				
INSURANCE COMMISSIONER OF FLORIDA					82 Street Address (P.O. Box Number is Not Acceptable)					
		אטוחטא	AUA				,			
CAPITOL BUILDING TALLAHASSEE FL 32301					83					
IALLA	HASSEE FL SESVI			ŀ	84	City			85 Zip	Code
					1	•	oration submits this statement for the pard of directors. Thereby accept the ap	<u> </u>	L. I	antorod office
************	od agent, or both, in this state of in, and accept the obligations of, Se Signature, typed or printed rank of registred by OFFICERS A			loπi Rigoresci ☐ 13.		t Sagnast van reng en	ADDITIONS/CHANGES TO O	DATE FICERS A		RS IN 12
TiffLE	C		DELETE	1 1 1					☐ Change	
NAME	WENDER, HERBERT			1.2 NA						
STREET ADDRESS	8 PENN CENTER					ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA		ED DELETE	14 CI 2 1 T		7 - 76			[] Change	Addition
THUE	PD		DELETE	221					-	
NAME	MAUSEN JR., ROBERT J			II -		ADDRESS				
STREET ADDRESS	8 PENN CENGER, 21ST	FLOOK		700						ï
CHY-ST-ZIP	PHILADELPHIA PA			240						
TITLE	100		DELETE	24C 3.17	IIV-S		SR.V.P.& DI	AE ( FU	<b>?</b> □ Change	Addition
TITLE	VC		<b>X</b> DELETE		HTY - S HTLE		SR.V.P.&D. DOVID E. GLOSSE	AECTU ERA	<b>⊘</b> □ Change	Addition
NAME	MORGENROTH, IRVING		DELETE	3 17 32 N	HTY - S HILLE IAME		SR.V.P. & DI DOVID E. GLOSSE SPENN CENTER	RECTU ERG	2 □ Change ·	Addition
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NAME STREET ADDRESS CHTY-ST-ZIP	MORGENROTH, IRVING 8 PENN CENTER PHILADELPHIA PA		DELETE	3 17 32 N 33 S	HTY-S HULE JAME STREE CITY-S		SR.V.P. DI DOVIDE. GLOSSE SPENNCENTER PHILODICPHIA	necrus ERG 191	e	Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE	MORGENROTH, IRVING 8 PENN CENTER PHILADELPHIA PA CFOT			3 17 32 N 33 S 34 C	HTY-S HULE JAME STREE CITY-S TULE		SR.V.P. DI DOVD E. GLOSSE SPENN CENTER PHILODICPHIO	necrus ERG 191	e ☐ Change · 'O3 ☐ Change	Addition Addition
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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(3)(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 it made under certify 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:

LATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/1996 215-241-6140