


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90477 020 ***550.00

DOCUMENT # 828349					
1. Entity Name FIRST AMERICAN TITLE INSURANCE COMPANY					
Principal Place of Business 1 FIRST AMERICAN WY SANTA ANA, CA 92707 US			Mailing Address 1 FIRST AMERICAN WY SANTA ANA, CA 92707 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-2566122	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERMOTT, GARY L		NAME		
STREET ADDRESS	1 FIRST AMERICAN WY		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA, CA 92707		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNESEN, MARK R		NAME		
STREET ADDRESS	1 FIRST AMERICAN WY		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA, CA 92707		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMA, JOHN R		NAME	V/CFO	
STREET ADDRESS	1 FIRST AMERICAN WY		STREET ADDRESS	John R. Thoma	
CITY-ST-ZIP	SANTA ANA, CA 92707		CITY-ST-ZIP	200 S.W. Market Street, Ste. 350	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	BEBAN, GARY J		NAME	Portland, OR 97201	<input type="checkbox"/> Addition
STREET ADDRESS	233 N MICHIGAN AVE #2200		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHATHAM, JAMES D		NAME		
STREET ADDRESS	5780 WINDWARD PARKWAY #300		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30005		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM G.		NAME		
STREET ADDRESS	79 WELLINGTON STREET W #3000		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, m5k 1n2		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 5/14/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

ATTACHMENT 44045200

FIRST AMERICAN TITLE INSURANCE COMPANY

DOCUMENT NUMBER: 828349

Directors (Continued):

James Louis Doti
1 University Drive
Orange, CA 92866

Martin R. Wool
7833 Haskell Avenue
Van Nuys, CA 91406

Lewis Williams Douglas, Jr.
1776 Lincoln Street, Suite 1300
Denver, CO 80203-4316

Craig I. DeRoy
1 First American Way
Santa Ana, CA 92707

Paul Burgess Fay, Jr.
3766 Clay Street
San Francisco, CA 94118

Gary L. Kermott
1 First American Way
Santa Ana, CA 92707

Donald Parker Kennedy
1 First American Way
Santa Ana, CA 92707

Thomas A. Klemens
1 First American Way
Santa Ana, CA 92707

Parker Steven Kennedy
1 First American Way
Santa Ana, CA 92869

John W. Long
One Progress Plaza, Suite 2400
St. Petersburg, FL 33701

Frank Eugene O'Bryan
P. O. Box 17689
Irvine, CA 92623-7689

James M. Orphanides
633 Third Avenue
New York, NY 10017

Roslyn Braeman Payne
3490 California Street, Suite 209
San Francisco, CA 94118

D. Van Skilling
125 Netas Court
Palm Desert, CA 92260

Herbert Barber Tasker
200 Pringle Ave., Suite 500
Walnut Creek, CA 94596

Virginia Mae Ueberroth
P. O. Box 100
Laguna Beach, CA 92652-0100

ATTACHMENT

44045200

FIRST AMERICAN TITLE INSURANCE COMPANY
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Officers (Continued):

Parker S. Kennedy
Chairman of the Board
1 First American Way
Santa Ana, CA 92707

Donald P. Kennedy
Vice Chairman of the Board
1 First American Way
Santa Ana, CA 92707

John N. Casbon
Executive Vice President
510 Bienville Street
New Orleans, LA 70130

Dennie L. Rowland
Executive Vice President
1 First American Way
Santa Ana, CA 92707

Timothy P. Sullivan
Senior Vice President
1 First American Way
Santa Ana, CA 92707

Craig I. DeRoy
Vice President
1 First American Way
Santa Ana, CA 92707

Thomas A. Klemens
Vice President
1 First American Way
Santa Ana, CA 92707

William G. Ergas
Treasurer
1 First American Way
Santa Ana, CA 92707