2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am Secretary of State **DOCUMENT # F00000003874** 05-04-2004 90210 020 ***150.00 COMMERCE TITLE INSURANCE COMPANY Principal Place of Business Mailing Address 2728 NORTH HARWOOD P.O BOX 199000 44044181 DALLAS, TX 75201 DALLAS, TX 75219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 93-1163025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET_ ------TALLAHASSEE, FL 32301-2525 Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete TITLE TITLE Addition NAME APEL, THOMAS G NAME 2728 NORTH HARWOOD STREET ADDRESS STREET ADDRESS DALLAS, TX 75201 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FLYNN, JOHN J NAME NAME 2728 NORTH HARWOOD STREET ADDRESS STREET ADDRESS DALLAS, TX 75201 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ★ Addition DEMPSTER, JANICE NAME NAME HOWETH, JEFFERSON E. STREET ADDRESS 2728 NORTH HARWOOD STREET ADDRESS 2728 NORTH HARWOOD CITY-ST-ZIP DALLAS, TX 75201 C!TY-ST-ZIP DALLAS, TX 75201 VΡ Delete TITLE TITLE Change ☐ Addition STEVENS, LYLE E

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.

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-\$T-ZIP

SIGNATURE: _

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST-ZIP

2728 NORTH HARWOOD

SMERGE, RAYMOND G

2728 NORTH HARWOOD

2728 NORTH HARWOOD

DALLAS, TX 75201

DALLAS, TX 75201

ROBERTS, VICKI A

DALLAS, TX 75201

LYLE E. STEVENS

PECK, GAIL M. 2728 NORTH HARWOOD

DALLAS, TX 75201

(214)981-5000

Change

Change

Addition

X Addition

FILED

F000000003874

COMMERCE TITLE INSURANCE COMPANY 2728 NORTH HARWOOD STREET

DALLAS, TEXAS 75201

04/02/2004

Florida Secretary of State Division of Corporations PO Box 1500 Tallahasse FL32302-1500

CERTIFIED MAIL # 7002 2030 0006 2214 0599

Gentlemen:	
Enclosed is the following:	
·	
Return:	FL Foreign Annual
Period:	200 2
Amount:	\$ 150.00
Very truly yours,	

Enclosures

TAX DEPT SLM MAILING ADDRESS: P.O. BOX 199000 DALLAS, TEXAS 75219