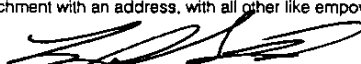


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90081 030 ***150.00

DOCUMENT # F00000003874 1. Entity Name COMMERCE TITLE INSURANCE COMPANY					
Principal Place of Business 2728 NORTH HARWOOD DALLAS, TX 75201			Mailing Address P.O BOX 199000 DALLAS, TX 75219		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03252005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 93-1163025	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APEL, THOMAS G 2728 NORTH HARWOOD DALLAS, TX 75201	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTOSH, TIMOTHY M 2728 N HARWOOD DALLAS, TX 75201
☐ Change ☒ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, JOHN J 2728 NORTH HARWOOD DALLAS, TX 75201	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWETH, JEFFERSON E 2728 NORTH HARWOOD DALLAS, TX 75201	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, LYLE E 2728 NORTH HARWOOD DALLAS, TX 75201	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMERGE, RAYMOND G 2728 NORTH HARWOOD DALLAS, TX 75201	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORAM, BRIAN J 2728 N HARWOOD DALLAS, TX 75201
☐ Change ☒ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECK, GAIL M 2728 NORTH HARWOOD DALLAS, TX 75201	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: 			LYLE STEVENS 4/27/05 (214) 981-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		