

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003874

FILED
Apr 24, 2008
Secretary of State

Entity Name: COMMERCE TITLE INSURANCE COMPANY

Current Principal Place of Business:

2728 N. HARWOOD ST.
DALLAS, TX 75201

New Principal Place of Business:

2728 N HARWOOD STREET
DALLAS, TX 75201

Current Mailing Address:

P.O. BOX 199000
DALLAS, TX 75219

New Mailing Address:

FEI Number: 93-1163025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARTOSH, TIMOTHY M
Address: 2728 NORTH HARWOOD
City-St-Zip: DALLAS, TX 75201

Title: VD () Delete
Name: FLYNN, JOHN J
Address: 2728 NORTH HARWOOD
City-St-Zip: DALLAS, TX 75201

Title: V () Delete
Name: HOWETH, JEFFERSON E
Address: 2728 NORTH HARWOOD
City-St-Zip: DALLAS, TX 75201

Title: VP (X) Delete
Name: HUGGINS, BLAKE E
Address: 2728 N HARWOOD
City-St-Zip: DALLAS, TX 75201

Title: S (X) Delete
Name: WORAM, BRIAN J
Address: 2728 NORTH HARWOOD
City-St-Zip: DALLAS, TX 75201

Title: T (X) Delete
Name: PECK, GAIL M
Address: 2728 NORTH HARWOOD
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARTOSH, TIMOTHY M
Address: 2728 N HARWOOD STREET
City-St-Zip: DALLAS, TX 75201

Title: D (X) Change () Addition
Name: FLYNN, JOHN J
Address: 2728 N HARWOOD STREET
City-St-Zip: DALLAS, TX 75201

Title: AVP (X) Change () Addition
Name: NORVELL, MICHAEL B
Address: 2728 N HARWOOD STREET
City-St-Zip: DALLAS, TX 75201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B NORVELL

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

Date