## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002983

Entity Name: LSI TITLE AGENCY, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
601 RIVERSIDE AVE. JACKSONVILLE, FL 32204						
Current Mailing Address:			New Ma	New Mailing Address:		
C/O LEGAL DEPT. 601 RIVERSIDE AVE. JACKSONVILLE, FL 32204						
FEI Number: 90-0172717 FEI Number Applied For ( ) FEI Num			FEI Number Not A	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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  Election Campaign Financing Trust Fund Contribution ( ).				Date		
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:		Delete HAEL L AVE.	Title: Name: Address: City-St-Zi	D SWENSON, 601 RIVERS	(X) Change ( ) Addition ERIC D	
Title: Name: Address: City-St-Zip:	PCEO () E FRAZIER, RONAI 2550 N. REDHILL SANTA ANA, CA	_ AVE.	Title: Name: Address: City-St-Zip	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CFO () E STINSON, ALAN 601 RIVERSIDE A JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip	601 RIVERS	(X) Change ( ) Addition R, JEFFREY S SIDE AVE. LLE, FL 32204	
Title: Name: Address: City-St-Zip:	VP () E FRIES, JOHN 2550 N. REDHILL SANTA ANA, CA		Title: Name: Address: City-St-Zip	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SVPS () D JOHNSON, TODE 601 RIVERSIDE A JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip	DSVP COOK, RON 601 RIVERS p: JACKSONVI		

I hereby certify that the information supplied with this filing does not qualify for the 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: MADELINE BAREWALD AVP 04/23/2007