## 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F04000002983

Entity Name: LSI TITLE AGENCY, INC.

FILED Aug 03, 2012 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

C/O LEGAL DEPARTMENT 700 CHERRINGTON PARKWAY CORAOPOLIS, PA 15108

Current Mailing Address: New Mailing Address:

C/O LEGAL DEPARTMENT 700 CHERRINGTON PARKWAY CORAOPOLIS, PA 15108

FEI Number: 90-0172717 FEI Number Applied For ( ) FEI Number 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 Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: FRAZIER, RONALD L Address: 5 PETERS CANYON ROAD City-St-Zip: IRVINE, CA 92606

Title: EVP

 Name:
 JOHNSON, TODD C

 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: TREA

 Name:
 SEE, BENJAMIN J

 Address:
 601 RIVERSIDE AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: ACS

 Name:
 JOHNSON, APRIL L

 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: [

 Name:
 JOHNSON, TODD C

 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title:

 Name:
 FRAZIER, RONALD L

 Address:
 5 PETERS CANYON ROAD

 City-St-Zip:
 IRVINE, CA 92606

I hereby 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 all other like empowered.

SIGNATURE: APRIL L. JOHNSON ACS 08/03/2012