

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000961

FILED
Feb 09, 2009
Secretary of State

Entity Name: NETCO TITLE, INC.

Current Principal Place of Business:

150 S. PERRY STREET
MONTGOMERY, AL 36104

New Principal Place of Business:

Current Mailing Address:

401 FOUNTAIN LAKES BLVD.
ST. CHARLES, MO 63301

New Mailing Address:

FEI Number: 20-1344675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGNAM, PATRICK
1408 NORTH WESTSHORE BLVD., SUITE 110
TAMPA, FL 33607 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: CT () Delete
Name: BAUMGART, JOHN
Address: 39 S. LASALLE, SUITE 620
City-St-Zip: CHICAGO, IL 60603

Title: VC () Delete
Name: BAUMGART, SHARON
Address: 39 S. LASALLE, SUITE 620
City-St-Zip: CHICAGO, IL 60603

Title: D () Delete
Name: BAUMGART, ERIC
Address: 39 S. LASALLE, SUITE 620
City-St-Zip: CHICAGO, IL 60603

Title: P () Delete
Name: SCHLUETER, MARC
Address: 401 FOUNTAIN LAKES BLVD.
City-St-Zip: ST. CHARLES, MO 63301

Title: V (X) Delete
Name: COOK, EDWARD
Address: 39 S. LASALLE, SUITE 620
City-St-Zip: CHICAGO, IL 60603

Title: S () Delete
Name: DIGNAM, PATRICK
Address: 1408 NORTH WESTSHORE BLVD., SUITE 110
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: JIM L BOWMAN

_____ Electronic Signature of Signing Officer or Director

V

02/09/2009

_____ Date