

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLOIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00315 (2)

1. Corporation Name:
FIRST AMERICAN REAL ESTATE INFORMATION SERVICES, INC.

Principal Place of Business: **1400 CORPORATE DR IRVING TX 75038 US**

Mailing Address: **1400-CORPORATE-DR IRVING-TX-75038 US**

2. Principal Place of Business

21. 18167 US Hwy. 19 North
Suite, Apt # etc
22. Suite 600
City & State
23. Clearwater, FL

2a. Mailing Address

26. 18167 US Hwy. 19 North
Suite, Apt # etc
27. Suite 600
City & State
28. Clearwater, FL

24. Zip 34624 Country USA

25. Zip 34624 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1983**

3a. Date of Last Report: **02/23/1994**

4. FEI Number: **95-3881518**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name: **CT CORPORATION SYSTEM**

82. Street Address (P O Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**

83. City: **PLANTATION FL 33324**

84. City: **FL**

85. Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: *Craig J. Zinda*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BOOTH, WAYNE M. STREET ADDRESS: 114 E FIFTH ST CITY, ST, ZIP: SANTA ANA CA	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: 18167 U.S. Highway 19 North, Suite 600 1.3 STREET ADDRESS: Clearwater, FL 34624 1.4 CITY, ST, ZIP: FL 34624
TITLE: S	NAME: ARNESSEN, MARK R STREET ADDRESS: 114 E FIFTH STREET CITY, ST, ZIP: SANTA ANA CA	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: S/D/V 2.3 NAME: Craig J. Zinda 2.4 STREET ADDRESS: 18167 U.S. Highway North, Suite 600 2.5 CITY, ST, ZIP: Clearwater, FL 34624
TITLE: T	NAME: HERKENHOFF, H. JOHN STREET ADDRESS: 1400 CORPORATE DR CITY, ST, ZIP: IRVING TX	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: T/V 3.3 STREET ADDRESS: 5615 Highpoint Drive, Suite 1000 3.4 CITY, ST, ZIP: Irving, TX 75038
TITLE: PD	NAME: LONG, JOHN W. STREET ADDRESS: 1400 CORPORATE DR CITY, ST, ZIP: IRVING TX	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: 18167 U.S. Highway North, Suite 600 4.3 STREET ADDRESS: Clearwater, FL 34624 4.4 CITY, ST, ZIP: FL 34624
TITLE: VD	NAME: ROGERS, MARK D. STREET ADDRESS: 1400 CORPORATE DR CITY, ST, ZIP: IRVING TX	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: D only
TITLE: D	NAME: KENNEDY, D P STREET ADDRESS: 114 E 5 6TR CITY, ST, ZIP: SANTA ANA CA	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: No longer a Director

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and clear, true and equally for the corporation stated in Section 199.03(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Craig J. Zinda* **Craig J. Zinda** 4-27-95 813-531-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P00315

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OFFICERS AND DIRECTORS

Block 12, continued:

- | | | |
|------|----------------|--|
| 7.1 | Title | D |
| 7.2 | Name | Parker S. Kennedy |
| 7.3 | Address | 114 East Fifth Street |
| 7.4 | City-State-Zip | Santa Ana, CA 92701 |
| 8.1 | Title | D (Addition) |
| 8.2 | Name | Randall E. Poliner |
| 8.3 | Address | Building 2, Suite 650
9020 Capital of Texas Highway North |
| 8.4 | City-State-Zip | Austin, TX 78754 |
| 9.1 | Title | D (Addition) |
| 9.2 | Name | Barry M. Sando |
| 9.3 | Address | Building 2, Suite 650
9020 Capital of Texas Highway North |
| 9.4 | City-State-Zip | Austin, TX 78754 |
| 10.1 | Title | D (Addition) |
| 10.2 | Name | Donald A. Robert |
| 10.3 | Address | 9444 Balboa Avenue, Suite 550 |
| 10.4 | City-State-Zip | San Diego, CA 92123 |
| 11.1 | Title | D (Addition) |
| 11.2 | Name | Michael B. Hopkins |
| 11.3 | Address | One Erieview Plaza, Fifth Floor |
| 11.4 | City-State-Zip | Cleveland, OH 44114 |