

**PLEASE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00315 (2)**

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



**Principal Place of Business**  
150 SECOND AVENUE, N  
SUITE 1800  
ST. PETERSBURG FL 33701  
US

**Mailing Address**  
150 SECOND AVENUE, N  
SUITE 1800  
ST. PETERSBURG FL 33701-3343  
US

**3. Date Incorporated or Qualified** 12/16/1983  
**3a. Date of Last Report** 04/29/1996

**2. Principal Place of Business** 21  
**2a. Mailing Address** 26

**4. FEI Number** 05-3881518  
**Applied For** Not Applicable

Suite, Apt #, etc. 22  
27

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

City & State 23  
28

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

Zip 24 Country 25  
29 30

**8. 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**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** FL **85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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** (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**V**  DELETE  
**NALLATHAMBI, ANAND K.**  
150 SECOND AVENUE, N. SUITE 1800  
ST. PETERSBURG FL

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS** 3570 Camino Del Rio North, Suite 300  
**1.4 CITY-ST-ZIP** San Diego, CA 92108

**SDV**  DELETE  
**CRAIG, ZINDA**  
150 SECOND AVENUE, NORTH, SUITE 1800  
ST. PETERSBURG FL

**2.1 TITLE**  Change  Addition  
**2.2 NAME** Zinda, Craig  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TV**  DELETE  
**HERKENHOFF, H. JOHN**  
150 SECOND AVENUE, NORTH, SUITE 1800  
ST. PETERSBURG FL

**3.1 TITLE**  Change  Addition  
**3.2 NAME** TVD  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**PD**  DELETE  
**LONG, JOHN W.**  
150 SECOND AVENUE, NORTH, SUITE 1800  
ST. PETERSBURG FL

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**D**  DELETE  
**ROGERS, MARK D.**  
5615 HIGHPOINT DRIVE, SUITE 1000  
IRVING TX

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

DELETE  
**6.1 TITLE**  Change  Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Secretary** 1/23/97 (813) 895-4915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0872022

CR2E034 (9/96)