


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 028 ***150.00

DOCUMENT # P06462					
1. Entity Name UNITED GENERAL TITLE INSURANCE COMPANY					
Principal Place of Business 999 18TH STREET SUITE 3400 DENVER, CO 80202		Mailing Address 999 18TH STREET SUITE 3400 DENVER, CO 80202			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-0976930	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER, JOHN P JR		NAME	GOLDRESS, JERRY EDWIN	
STREET ADDRESS	999 18TH ST STE 3400		STREET ADDRESS	114 ROBERT AVE - PO BOX 5240	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	INCLINE VILLAGE, NV 89450	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLERMAN, HENRY R		NAME	KOVALESKI, CHARLES JAMES	
STREET ADDRESS	5030 SADLER PLACE, #110		STREET ADDRESS	6545 CORPORATE CENTRE BLVD	
CITY-ST-ZIP	GLEN ALLEN, VA 23060		CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, PATRICIA A		NAME	JOHNSTON, ELBERT WAYNE	
STREET ADDRESS	999 18TH ST STE 3400		STREET ADDRESS	8141 E 2nd STREET, SUITE 603	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	DOWNEY, CA 90241	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, ROBERT T		NAME	MORAN, PAUL JOSEPH	
STREET ADDRESS	999 18TH ST STE 3400		STREET ADDRESS	999 18TH STREET, SUITE 3400	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	DENVER, CO 80202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARNEY, CHARLES A		NAME	WILLIS, BRYAN ROSS	
STREET ADDRESS	4200 N. HIGHWAY 1201 Briarcliff Pkw		STREET ADDRESS	999 18TH STREET, SUITE 3400	
CITY-ST-ZIP	KANSAS CITY, MO 64116		CITY-ST-ZIP	DENVER, CO 80202	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, TIMOTHY		NAME		
STREET ADDRESS	999 18TH ST SUITE 3400		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			02/17/2004 -303-292-4848		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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