FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P07949** **(1)**

1. Corporation Name

TRANSNATION TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ATTN: JAMES J.D. LYNCH. JR. 8 PENN CENTER. 21ST FL. 17TH PHILADELPHIA PA 19103 US	ATTN: JAMES J.D. LYNCH. JR. 8 PENN CENTER. 21ST FL. 17TH & JFK BLVD PHILADELPHIA PA 19103

2. Principal Place of Business	2a. Mailing Address
21 1700 Market St.	26 1700 Market St.
Suite, Apt. #, etc. 22 22nd Fl.	Suite, Apt. #, etc. 27 22nd Fl
City & State 23 Philadelphia PA	City & State 28 Philadelphia PA
Zip 24 19103	Country 25
Zip 29 19103	Country 30

3. Date Incorporated or Qualified: **10/31/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **86-0719450** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAUSER, ROBERT J.	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	☑ DELETE
NAME	MORGENROTH, IRVING	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TV	☐ DELETE
NAME	TISCHLER, JEFFREY A.	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	SD	☐ DELETE
NAME	LYNCH, JAMES, J.D., JR.	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	☑ DELETE
NAME	WEATHERBY, STEPHEN H.	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	CD	☐ DELETE
NAME	WENDER, HERBERT	
STREET ADDRESS	8 PENN CENTER	
CITY-ST-ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1700 Market St. 22nd Fl	
1.4 CITY-ST-ZIP	Philadelphia PA 19103	
2.1 TITLE	VD	☐ Change ☑ Addition
2.2 NAME	Glassberg, David E.	
2.3 STREET ADDRESS	1700 Market St. 22nd Fl.	
2.4 CITY-ST-ZIP	Philadelphia, PA 19103	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1700 Market St. 22nd Fl	
3.4 CITY-ST-ZIP	Philadelphia, PA 19103	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1700 Market St. 22nd Fl	
4.4 CITY-ST-ZIP	Philadelphia, PA 19103	
5.1 TITLE		☐ Change ☑ Addition
5.2 NAME	Brown, Harley Dec	
5.3 STREET ADDRESS	1700 Market St. 22nd Fl	
5.4 CITY-ST-ZIP	Philadelphia, PA 19103	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	1700 Market St. 22nd Fl	
6.4 CITY-ST-ZIP	Philadelphia, PA 19103	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephen A. Weatherby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)