2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90189 042 ***150.00

DOCUMENT # P07949

1. Entity Name

TRANSNATION TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
234 N. CENTRAL AVE. STE 670 PHOENIX AZ 85004 US	101 GATEWAY CNTR. PKWY GATEWAY ONE RICHMOND VA 23235-5153 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
234 N. Central Ave	101 Gateway Cntr Pkwy
Suite, Apt. #, etc.: STE 670	Suite, Apt. #, etc.: Gateway One
City & State: Phoenix AZ	City & State: Richmond VA
Zip: 85004 Country: USA	Zip: 23235 Country: USA

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

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALPERT, JANET A 101 GATEWAY CENTRE PKWY RICHMOND VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVCO TISCHLER, JEFFREY A. 101 GATEWAY CENTRE PKWY RICHMOND VA 23235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP & Treasurer Ronald B. Ramos 101 Gateway Cntr Pky, Gateway One	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, CHARLES H JR 101 GATEWAY CENTRE PKWY RICHMOND VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENDER, HERBERT 101 GATEWAY CENTRE PKWY RICHMOND VA 23235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, EVP David W. Koshork 1200 Sixth Ave, STE 100 Seattle WA 98101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP VELTRI, STEPHEN P 200 W. SANTA ANA BLVD. STE 670 SANTA ANA CA 92701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP PERRINE, CHADWICK W 101 GATEWAY CENTRE PKWY RICHMOND VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Wm. Chadwick Perrine 1/11/2000 (804) 267-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #