

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P32221 (4)**

1. Corporation Name  
**THE SOUTHLAND CORPORATION EMPLOYEES' SAVINGS AND PROFIT SHARING PLAN TITLE HOLDING CORPORATION**



Principal Place of Business: **2711 NORTH HASKELL AVE. DALLAS TX 75204-9906**  
Mailing Address: **2711 NORTH HASKELL AVE. DALLAS TX 75204-9906**

3. Date Incorporated or Qualified: **12/18/1990**  
3a. Date of Last Report: **04/27/1995**

|                                |                     |                                                        |                                                         |
|--------------------------------|---------------------|--------------------------------------------------------|---------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number                                          | Applied For                                             |
| 21                             | 26                  | 75-2205411                                             | Not Applicable                                          |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22                             | 27                  |                                                        |                                                         |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 23                             | 28                  |                                                        |                                                         |
| Zip                            | Country             | 29                                                     | 30                                                      |
| 24                             | 25                  | 29                                                     | 30                                                      |

|                                                                          |                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                          | 10. Name and Address of New Registered Agent          |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Margaret A. Fuller* DATE: **3/27/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PD                   | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CUMMINGS, ROBERT S.  | 12 NAME                                               |                                                                              |
| STREET ADDRESS             | 981 W 20TH ST.       | 13 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                | UPLAND CA            | 14 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | VPDT                 | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BETZ, BILL B.        | 22 NAME                                               |                                                                              |
| STREET ADDRESS             | 2780 SAN PASQUAL ST. | 23 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                | PASADENA CA          | 24 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | VD                   | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WERT, CHARLES E.     | 32 NAME                                               |                                                                              |
| STREET ADDRESS             | 510 ALTURA ROAD      | 33 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                | ARCADIA CA           | 34 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | A                    | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FULLER, MARGARET A.  | 42 NAME                                               |                                                                              |
| STREET ADDRESS             | 618 BLANNING         | 43 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                | DALLAS TX            | 44 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | AS                   | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COLBERG, TERRY J.    | 52 NAME                                               |                                                                              |
| STREET ADDRESS             | 1961 W. 20TH ST.     | 53 STREET ADDRESS                                     | <b>600001799866</b>                                                          |
| CITY-ST-ZIP                | LOS ANGELES CA       | 54 CITY-ST-ZIP                                        | <b>-04/29/96--01109--025</b>                                                 |
| TITLE                      | AS                   | 61 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NILSSON, EIVOR       | 62 NAME                                               |                                                                              |
| STREET ADDRESS             | 1933 GLENOAKS BLVD   | 63 STREET ADDRESS                                     | <b>S AMEDOLA, DOMINICA</b>                                                   |
| CITY-ST-ZIP                | SAN FERNANDO CA      | 64 CITY-ST-ZIP                                        | <b>942 LINDA VISTA AVENUE PASADENA, CA 91103</b>                             |

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret A. Fuller* Margaret A. Fuller 3/26/96 214/828-5558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Plan Administrator Date Daytime Phone # 91

CR2E037 (12/95)