


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90075 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32221

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

102712 90075 20 2 *

Principal Place of Business 2711 NORTH HASKELL AVE. DALLAS TX 75204-2906	Mailing Address 2711 NORTH HASKELL AVE. DALLAS TX 75204-2906
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/18/1990
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-2205411
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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 _____ DATE _____
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, ROBERT S.	1.2 NAME	
STREET ADDRESS	981 W 20TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	UPLAND CA	1.4 CITY-ST-ZIP	
TITLE	VPDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETZ, BILL B.	2.2 NAME	James P. Wagner
STREET ADDRESS	2780 SAN PASQUAL ST.	2.3 STREET ADDRESS	2616 Topsfield Street
CITY-ST-ZIP	PASADENA CA	2.4 CITY-ST-ZIP	Pasadena, CA 91107
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERT, CHARLES E.	3.2 NAME	
STREET ADDRESS	510 ALTURA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA CA	3.4 CITY-ST-ZIP	
TITLE	A <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, MARGARET A.	4.2 NAME	
STREET ADDRESS	618 BLANNING	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERG, TERRY J.	5.2 NAME	
STREET ADDRESS	1961 W. 20TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEDOLA, DOMINICA	6.2 NAME	Lawson, Dominica
STREET ADDRESS	942 LINDA VISTA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91103	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE *Margaret A. Fuller* MARGARET A. FULLER, Administrator 1/15/99 (214) 828-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)