

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055605

Entity Name: DHI TITLE OF FLORIDA, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1239 E. NEWPORT CENTER DRIVE
SUITE 105
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

301 COMMERCE STREET
SUITE 500
FORT WORTH, TX 76102

New Mailing Address:

FEI Number: 75-2657983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESENT, RANDALL C
Address: 12357 RIATA TRACE PWY, SUITE C150
City-St-Zip: AUSTIN, TX 78727

Title: EVP () Delete
Name: FULLER, SAMUEL R
Address: 301 COMMERCE STREET, SUITE 500
City-St-Zip: FORT WORTH, TX 76102

Title: CFO () Delete
Name: WINTER, MARK C
Address: 12357 RIATA TRACE PKWY, SUITE C150
City-St-Zip: AUSTIN, TX 78727

Title: EVPD () Delete
Name: DWYER, STACEY H
Address: 301 COMMERCE STREET, SUITE 500
City-St-Zip: FORT WORTH, TX 76102

Title: VPS () Delete
Name: HARBOUR, TED I
Address: 301 COMMERCE STREET, SUITE 500
City-St-Zip: FORT WORTH, TX 76102

Title: D () Delete
Name: TOMNITZ, DONALD J
Address: 301 COMMERCE STREET, SUITE 500
City-St-Zip: FORT WORTH, TX 76102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: MARASA, WILLIAM A
Address: 7740 NORTH 16TH STREET, SUITE 250
City-St-Zip: PHOENIX, AZ 85020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED I. HARBOUR

Electronic Signature of Signing Officer or Director

VPS

04/21/2009

_____ Date