FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:59

DOCUMENT # H92627 (9)

1. Corporation Name
CHELSEA TITLE COMPANY

Principal Place of Business	Mailing Address
493 E SEMORAN BLVD. CASSELBERRY FL 32707	493 E SEMORAN BLVD. CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1986
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2872587 ☐ 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

DANIELS, GEORGE
493 E SEMORAN BLVD.
CASSELBERRY FL 32707

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, GEORGE	1.2 NAME		
STREET ADDRESS	493 E SEMORAN BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LASSITER, ROY	2.2 NAME		
STREET ADDRESS	493 E SEMORAN BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	~~MCQUISTON, ROGER~~	3.2 NAME	Ms. Barbara Lee Allen	
STREET ADDRESS	493 E. SEMORAN BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	MAZER, BARRY J.	4.2 NAME		
STREET ADDRESS	493 E. SEMORAN BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP		
TITLE	~~C~~	5.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	JETT, RICHARD M.	5.2 NAME		
STREET ADDRESS	493 E. SEMORAN BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE		☐ Change ☐ Addition
NAME	RUMSEY, STEPHEN T.	6.2 NAME		
STREET ADDRESS	493 E. SEMORAN BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP		

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

SIGNATURE: Roy William Lassiter 2-24-95 407-260-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037083 CR

CHELSEA TITLE COMPANY

TITLE	NAMES OF OFFICERS & DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, & ZIP
C	HAUGHTON, WALTER R.	601 MONTGOMERY STREET	SAN FRANCISCO, CA 94111
M	RESNICK, MYRON J.	2775 SANDERS ROAD	NORTHBROOK, IL 60062
M	LORENZEN, JOHN M.	601 MONTGOMERY STREET	SAN FRANCISCO, CA 94111