

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F98000000426**1. Entity Name  
**FIRST AMERICAN TITLE INSURANCE COMPANY OF NORTH CAROLINA**Principal Place of Business  
100 N. GREENE ST.  
GREENSBORO NC 27401  
Mailing Address  
100 N. GREENE ST.  
GREENSBORO NC 274012. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**56-0773057**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL  
323990300 US**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 \_\_\_\_\_ **05/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JANNEN KENNETH R	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>
TD	BAYE RANDY G	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>
S	SPIVEY MARY E	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>
V	WEST SAMUEL E	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>
PD	BAUCHLE ROBERT E	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>
D	CASBON JOHN N	100 N. GREENE ST. GREENSBORO	NC 27401	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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:** Randy G. Baye  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORTD **05/08/2001**

Date Daytime Phone #

CR2E034 (11/00)