

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259960

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** COLUMBIA TITLE OF FLORIDA INC

**Current Principal Place of Business:**

666 GRAND AVE. #2900  
DES MOINES, IA 503030657

**New Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

BOX 657  
DES MOINES, IA 503030657

**New Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**FEI Number:** 59-1004119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: AGUIRRE, HENA  
Address: 355 ALHAMBRA CIRCLE, SUITE 950  
City-St-Zip: CORAL GABLES, FL 33134

Title: CEO  
Name: SHUFFIELD, RONALD A  
Address: 355 ALHAMBRA CIRCLE, SUITE 950  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR  
Name: MOLINE, ROBERT  
Address: 333 SOUTH 7TH ST. #2700  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DIR  
Name: PELTIER, RONALD  
Address: 333 SOUTH 7TH STREET, SUITE 2700  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S  
Name: STRANDMO, DANA D  
Address: 333 SOUTH 7TH STREET, SUITE 2700  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS  
Name: LEIGHTON, PAUL J  
Address: 666 GRAND AVENUE  
City-St-Zip: DES MOINES, IA 50309

I hereby 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 all other like empowered.

SIGNATURE: PAUL LEIGHTON

AS

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date