

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30524

Entity Name: PGP TITLE OF FLORIDA, INC.**Current Principal Place of Business:**100 BLOOMFIELD HILLS PKWY., STE 300
BLOOMFIELD HILLS, MI 48304**Current Mailing Address:**100 BLOOMFIELD HILLS PKWY., STE 300
BLOOMFIELD HILLS, MI 48304 US**FEI Number:** 59-2454422**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT
Name PRUITT, RONALD
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASSISTANT VICE PRESIDENT
Name ANDERSON, CADE C
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title DIRECTOR, SR VICE PRESIDENT,
GENERAL COUNSEL AND ASST
SECRETARY
Name SULLIVAN, MICHAEL
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title DIRECTOR, SR VICE PRESIDENT,
SECRETARY AND CHIEF FINANCIAL
OFFICER
Name HARRIS, SCOTT
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title VICE PRESIDENT AND ASST
SECRETARY
Name ARRUDA, KEVIN
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

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: CADE ANDERSON

ASST VICE PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date