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# Entity Name: FIRST AMERICAN TITLE COMPANY OF DELAWARE, LLC

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### Current Principal Place of Business:

1 FIRST AMERICAN WAY SANTA ANA, CA 92707

## **Current Mailing Address:**

1 FIRST AMERICAN WAY SANTA ANA, CA 92707

# FEI Number: 52-2364313

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

|  | Title           | MANAGER                       | Title           | MANAGER              |
|--|-----------------|-------------------------------|-----------------|----------------------|
|  | Name            | GILROY, ROBIN                 | Name            | NELSON, II, JAMES O  |
|  | Address         | 9000 EAST PIMA CENTER PARKWAY | Address         | 1 FIRST AMERICAN WAY |
|  | City-State-Zip: | SCOTTSDALE AZ 85258           | City-State-Zip: | SANTA ANA CA 92707   |
|  | Title           | MANAGER                       | Title           | MANAGER              |
|  | THE             | MANAGEN                       | nuo             | MA WOEL              |
|  | Name            | CARMER, CHESTER               | Name            | GARCIA, LAZARO       |
|  | Address         | 9000 EAST PIMA CENTER PARKWAY | Address         | 1 FIRST AMERICAN WAY |
|  | City-State-Zip: | SCOTTSDALE AZ 85258           | City-State-Zip: | SANTA ANA CA 92707   |
|  |                 |                               |                 |                      |
|  | Title           | MANAGER                       |                 |                      |
|  | Name            | HOFFMAN, JUDD                 |                 |                      |
|  | Address         | 1 FIRST AMERICAN WAY          |                 |                      |
|  | City-State-Zip: | SANTA ANA CA 92707            |                 |                      |
|  |                 |                               |                 |                      |

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES O. NELSON, II

MANAGER

02/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Feb 08, 2017 Secretary of State CC6971353406