

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002983

**Entity Name:** SERVICELINK TITLE AGENCY, INC.**Current Principal Place of Business:**C/O LEGAL DEPARTMENT  
1400 CHERRINGTON PARKWAY  
MOON TOWNSHIP, PA 15108**Current Mailing Address:**C/O GREGORY PLIZGA  
1400 CHERRINGTON PARKWAY  
MOON TOWNSHIP, PA 15108 US**FEI Number:** 90-0172717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 P  
Name FALSETTI, SUSAN B  
Address 400 CORPORATION DRIVE  
City-State-Zip: ALIQUIPPA PA 15001

Title TREA  
Name MURPHY, DANIEL K  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title ACS  
Name JOHNSON, APRIL L  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY  
Name GRAVELLE, MICHAEL L  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name GRAVELLE, MICHAEL L  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name FALSETTI, SUSAN B  
Address 400 CORPORATION DRIVE  
City-State-Zip: ALIQUIPPA PA 15001

*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:** APRIL L JOHNSON

ACS

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date