

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001899

**Entity Name:** FA COMMERCIAL DUE DILIGENCE SERVICES, CO.

**Current Principal Place of Business:**

3550 W. ROBINSON STREET, STE. 300  
NORMAN, OK 73072

**Current Mailing Address:**

3550 W. ROBINSON STREET, STE. 300  
NORMAN, OK 73072 US

**FEI Number:** 47-3390986

**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            PRESIDENT  
Name            TYLER, SALLY FRENCH  
Address         3 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            CFO  
Name            UEHLINGER, ERIC  
Address         3 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            SVP  
Name            GHILARDI, JOSEPH  
Address         3 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            SVP, SECRETARY  
Name            SHIELDS, PATRICK  
Address         601 TRAVIS  
                     SUITE 1875  
City-State-Zip: HOUSTON TX 77002

Title            VP, TREASURER  
Name            WAJNER, MATTHEW F.  
Address         1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            VP  
Name            TARBELL, STANLEY M.  
Address         1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            VP, ASSISTANT TREASURER  
Name            BOXDELL, II, JAMES V.  
Address         1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            VP, ASSISTANT TREASURER  
Name            EATON, MARCY  
Address         1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

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*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:** PATRICK SHIELDS

**SVP, SECRETARY**

**02/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, DIRECTOR  
Name HAYDEN, HELEN L.  
Address 1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title DIRECTOR  
Name AULBERT, WILLIAM J.  
Address 1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707