

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003171

Entity Name: SECURE TITLE ADMINISTRATION, INC.**Current Principal Place of Business:**ONE REYNOLDS WAY
DAYTON, OH 45430**Current Mailing Address:**ONE REYNOLDS WAY
DAYTON, OH 45430**FEI Number:** 47-4410338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 C
Name BROCKMAN, ROBERT T
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title D
Name DEATON, ALFRED L III
Address 408 LITTLE JOHN LANE
City-State-Zip: HOUSTON TX 77024

Title P
Name NALLEY, ROBERT M
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title VP
Name ROBINSON, SHERI
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title S
Name MOSS, M.CRAIG
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title T
Name BURNETT, ROBERT D
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title EXECUTIVE VICE PRESIDENT
Name BARRAS, NORMAN T
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title EXECUTIVE VICE PRESIDENT
Name JONES, TERRY W
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

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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: MARK F BALES**ASSISTANT SECRETARY** 04/04/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|---------------------|
| Title | ASSISTANT SECRETARY |
| Name | BALES, MARK F |
| Address | ONE REYNOLDS WAY |
| City-State-Zip: | KETTERING OH 45430 |