2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018199

FILED Jan 08, 2004 Secretary of State

Entity Name: NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business: 151 S W 27TH AVE MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 151 S W 27TH AVE MIAMI, FL 33135 FEI Number: 59-0373580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RANDOL, WILLIAM L JR Name: Name: 151 SW 27TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: SD Title: Title: () Delete () Change () Addition Name: MARCUS, ELIZABETH Name: 151 S.W. 27TH AVE Address: Address: MIAMI, FL 33135 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ALONSO, JOSE A Name: Name: 151 S W 27TH AVE Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: () Delete Title: () Change () Addition RANDOL, BRENDA Name: Name: Address: 151 S W 27TH AVE Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: Title: () Delete (X) Change () Addition ROBERTSON, AUDREY Name: ENOS, MARGARET R Name: 151 SW 27TH AVE. 151 SW 27TH AVE. Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135 Title: () Delete Title: (X) Change () Addition BEHRENS JR., H. E., HOOVER, ELIZABETH J Name: Name: 151 S W 27TH AVE Address: Address: 151 S W 27TH AVE City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE A. ALONSO T 01/08/2004