

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654679

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** TICOR TITLE INSURANCE COMPANY OF FLORIDA

**Current Principal Place of Business:**

493 E. SEMORAN BLVD.  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

17911 VON KARMAN AVE., SUITE 300  
IRVINE, CA 92614

**New Mailing Address:**

**FEI Number:** 59-1971665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
PO BOX 6200 (32314-6200)  
200 E GAINES STREET  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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:**

Title: DCOB ( ) Delete  
Name: FOLEY, II, WILLIAM P  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DP ( ) Delete  
Name: QUIRK, RAYMOND R  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPS ( ) Delete  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DCFO ( ) Delete  
Name: STINSON, ALAN L  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D ( ) Delete  
Name: MEINHARDT, ERIKA  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVP ( ) Delete  
Name: ABBINANTE, CHRISTOPHER  
Address: 171 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TODD C. JOHNSON

SVPS

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date