FILED

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am 803369 DOCUMENT # **Secretary of State** 1. Entity Name LAWYERS TITLE INSURANCE CORPORATION 04-08-2002 90057 004 \*\*\*150 00 Principal Place of Business Mailing Address 101 GATEWAY CENTRE PKWY 101 GATEWAY CENTRE PKWY GATEWAY ONE **GATEWAY ONE** RICHMOND VA 23235-5153 RICHMOND VA 23235-5153 to the state of th 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-0278740 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) STATE OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL 32301 Zip Code City 8. 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. DOMING A APPLICA SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DSVP\*\*\*\*\*\* CR2E034 (9/01 X Change ☐ Addition TITLE TITLE ☐ Delete Executive Vice President/ JORDAN, RUSSELL W.,III NAME NAME Director STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP RICHMOND VA 23235-5153 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME FOSTER, CHARLES H JR. NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 Change ☐ Addition ☐ Delete TITLE EVPD -NAME NAME EVANS, G. WILLIAM STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME ALPERT, JANET, A STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY: GATEWAY ONE CITY-ST-7IP RICHMOND VA 23235-5153 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ASTHEIMER, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY.: GATEWAY ONE CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 Vice President/Secretary X Addition T Delete TITLE TITLE John D. Weber NAME WENDER, HERBERT ..... NAME STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS 101 Gateway Centre Pkwy., Gateway One CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 Richmond, VA 23235

13. I hereby certify that the information supplied with this filing does not qualify 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 the and accurate and that my 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 employee the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

15 8 SIGNATURE:

changed, or on an attachment with an ad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

804-267-8000

Daytime Phone #