2004 FOR PROFIT CORPORATION

ANNUAL REPORT

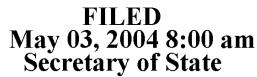
DOCUMENT #805448

OLD REPUBLIC NATIONAL TITLE INSURANCE **COMPANY**

Principal Place of Business

TITLE INSURANCE BLDG 400 SECOND AVE S. MINNEAPOLIS, MN 55401 Mailing Address

TITLE INSURANCE BLDG 400 SECOND AVE S. MINNEAPOLIS, MN 55401



05-03-2004 90776 010 ***150.00



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04302004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number Not Applicable 41-0579050

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHIEF FINANCIAL OFFICER

6. Name and Address of Current Registered Agent

200 E. GAINES ST. TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

		J	. •			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registe	red agent, or both, in th	ne State of Florida. I am familiar	with, and accept
SIGNATURE.	er grigitation on the con-	·	· .			
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature require	d when reinstating)	DATE .	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be ded to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEAGER, R.K. 400 SECOND AVE S MINNEAPOLIS, MN 55401		, , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPP, J.W. 400 SECOND AVE S MINNEAPOLIS, MN 55401					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZUCARO, A C 400 SECOND AVE S MINNEAPOLIS, MN		» ميجيه دار کند. ا	DO NO	OT WRITE	ه المستحدث المستحدد
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CLEAVELAND, J B 400 SECOND AVE S MINNEAPOLIS, MN			IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HORN, G.J. 400 SECOND AVE. S. MINNEAPOLIS, MN 55401	· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP	VPS WOLD, D.M 400 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55401	Section to Proceed the Ad	The second secon	and the second s	All and the second seco	bler og grån skreme end har og en kamme

12. 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 true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

John B. Cleaveland 4/29/04

(612) 371-1111

Daytime Phone #