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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **811066** **(0)**

1. Corporation Name
NATIONS TITLE INSURANCE OF NEW YORK INC.

Principal Place of Business
111 CHURCH ST.
WHITE PLAINS NY 10601

Mailing Address
1400 OLD COUNTRY RD.
SUITE 104
WESTBURY NY 11590-5132

3. Date Incorporated or Qualified: **05/29/1956**	3a. Date of Last Report: **05/01/1996**
4. FEI Number: **11-0907410**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21 **2 Park Avenue,**
Suite, Apt. #, etc.
22 **3rd Floor**
City & State
23 **New York, NY**
Zip 24 **10016** Country 25 **USA**

2a. Mailing Address
26 **17911 Von Karman Avenue**
Suite, Apt. #, etc.
27 **Suite 300**
City & State
28 **Irvine, CA**
Zip 29 **92614** Country 30 **USA**

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of appointed agent for the above registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** **ALEXANDER, RICHARD A.** **18201 VON KARMAN AVE.** **IRVINE CA** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**D** ☐ Change ☒ Addition **William P. Foley, II** **17911 Von Karman Avenue, Suite 500** **Irvine, CA 92614**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **COLEMAN, BARBARA** **6800 COLLEGE BLVD.** **OVERLAND PK KS** ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**PD** ☐ Change ☒ Addition **Frank P. Willey** **17911 Von Karman Avenue, Suite 500** **Irvine, CA 92614**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**TV** **DILTZ, JAMES C.** **6800 COLLEGE BLVD.** **OVERLAND PK KS** ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**TD** ☐ Change ☒ Addition **Carl A. Strunk** **17911 Von Karman Avenue, Suite 500** **Irvine, CA 92614**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **BAGWELL, MARVIN N.** **111 CHURCH ST.** **WHITE PLAINS NY** ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**EVPD** ☐ Change ☒ Addition **Charles H. Wimer** **2 Park Avenue, 3rd Floor** **New York, NY 10016**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **HUEMME, PETER F.** **1400 OLD COUNTRY RD. STE. 104** **WESTBURY NY 11590** ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**VD** ☐ Change ☒ Addition **Jonathan A. Richards** **2 Park Avenue** **3rd Floor** **New York, NY 10016**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	**D** ☐ Change ☒ Addition **Christopher J. Quinterno** **2 Park Avenue, 3rd Floor** **New York, NY 10016**

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual report is true 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M'Liss Jones Kane Secretary 2/13/97 (714) 622-4326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005662