## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#811066** 

FILED Apr 26, 2006 Secretary of State

Entity Name: NATIONS TITLE INSURANCE OF NEW YORK INC.

**Current Principal Place of Business:** New Principal Place of Business: 2 PARK AVE ONE PARK AVENUE 3RD FLOOR **SUITE 1402** NEW YORK, NY 10016 NEW YORK, NY 10016 US **Current Mailing Address: New Mailing Address:** 17911 VON KARMAN AVE SUITE 300 IRVINE, CA 92614 FEI Number: 11-0907410 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: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 FOLEY, WILLIAM P II Name: Name: 601 RIVERSIDE AVE Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: PD Title: Title: () Delete () Change () Addition Name: QUIRK, RAYMOND R Name: **601 RIVERSIDE AVE** Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: ( ) Delete Title: CFOD Title: CFO (X) Change ( ) Addition STINSON, ALAN L PARK, ANTHONY J Name: Name: 601 RIVERSIDE AVE 601 RIVERSIDE AVE Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: **EVPD** ( ) Delete Title: **EVPD** (X) Change ( ) Addition WIMER, CHARLES H WIMER, CHARLES H Name: Name: Address: 2 PARK AVE 3RD FLOOR Address: ONE PARK AVENUE, STE 1402 City-St-Zip: NEW YORK, NY 10016 City-St-Zip: NEW YORK, NY 10016 Title: SVPD Title: SVPD (X) Change ( ) Addition () Delete RICHARDS, JONATHAN A Name: RICHARDS, JONATHAN A Name: 2 PARK AVE 3RD FLOOR Address: ONE PARK AVENUE. STE 1402 Address: City-St-Zip: NEW YORK, NY 10016 City-St-Zip: NEW YORK, NY 10016 Title: **SVPS** ( ) Delete Title: () Change () Addition JOHNSON, TODD C Name: Name: 601 RIVERSIDE AVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204 I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119,

SIGNATURE: TODD C JOHNSON SVPS 04/26/2006

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.