

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811934

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: NATIONAL TITLE INSURANCE OF NEW YORK INC.

## Current Principal Place of Business:

ONE PARK AVENUE  
SUITE 1402  
NEW YORK, NY 10016 US

## New Principal Place of Business:

## Current Mailing Address:

17911 VON KARMAN AVE  
SUITE 300  
IRVINE, CA 92614 US

## New Mailing Address:

C/O LEGAL DEPT.  
601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204 US

FEI Number: 11-0627325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
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: DP ( ) Delete  
Name: SWENSON, ERIC D  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DT ( ) Delete  
Name: SAX, MICHAEL E  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

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

Title: D ( ) Delete  
Name: RICHARDS, JONATHAN A  
Address: ONE PARK AVENUE  
City-St-Zip: NEW YORK, NY 10016 US

Title: D (X) Delete  
Name: QUINTERNO, CHRISTOPHER  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MADELINE BAREWALD

AVP

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date