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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812129** **(5)**

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business	Mailing Address
1101 BRICKELL AVE PO BOX 01-5002 MIAMI FL 33131-3104 US	2390 EAST CAMELBACK ROAD STE 315 PHOENIX AZ 85016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1957	3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-1290668	☐ 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	2a. Mailing Address
21 280 WEKIVA SPRINGS ROAD	26 17911 VON KARMAN
Suite, Apt. #, etc. 22 SUITE 148	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 LONGWOOD, FL	City & State 28 IRVINE, CA
Zip / Country 24 32779 / 25	Zip / Country 29 92714 / 30

9. Name and Address of Current Registered Agent

PERNA, LANCE E
1101 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	KARLA V. STAKER
82 Street Address (P.O. Box Number is Not Acceptable)	280 WEKIVA SPRINGS ROAD, SUITE 148
83	
84 City	LONGWOOD
85 Zip Code	FL 32779

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: Karla V. Staker — DATE: 4-13-95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P.	12 NAME	
STREET ADDRESS	2100 SE MAIN ST - STE 400	13 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	14 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	UNKEL, WILLIAM	22 NAME	
STREET ADDRESS	1101 BRICKELL AVENUE	23 STREET ADDRESS	1800 WEST LOOP SOUTH, SUITE 400
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	SPARKS, DAVID E.	32 NAME	QUIRK, RAYMOND R.
STREET ADDRESS	35 NORTH SIXTH STREET	33 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	READING PA	34 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	TDV	41 TITLE	☒ Change ☐ Addition
NAME	STRUNK, CARL A	42 NAME	
STREET ADDRESS	2100 S.E. MAIN ST STE 400	43 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	MAUDSLEY, RONALD R	52 NAME	SEE ATTACHED EXHIBIT A FOR ADDITIONAL DIRECTOR
STREET ADDRESS	280 WEKIVA SPRINGS RD STE 148	53 STREET ADDRESS	
CITY-ST-ZIP	LOGWOOD FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	CALINDA, LAURENCE E	62 NAME	
STREET ADDRESS	2100 S.E. MAIN STREET, SUSITE 400	63 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	64 CITY-ST-ZIP	IRVINE, CA 92714

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: CARL A. STRUNK — 3/9/95 — (714) 622-4333

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0478408 FP

912129

EXHIBIT A

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF PENNSYLVANIA

DIRECTORS

Calinda, Laurence E.
17911 Von Karman
Suite 500
Irvine, CA 92714