

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # 812129 (5)

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF PEN
NSYLVANIA

Principal Place of Business

Mailing Address

280 WEKIVA SPRINGS ROAD
148
LONGWOOD FL 32779
US

17911 VON KARMAN
300
IRVINE CA 92714
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1957

3a. Date of Last Report

04/21/1995

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PDC
NAME FOLEY, WILLIAM P.
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY - ST - ZIP IRVINE CA

TITLE VD
NAME UNKL, WILLIAM
STREET ADDRESS 1800 WEST LOOP SOUTH SUITE 400
CITY - ST - ZIP IRVINE CA

TITLE D
NAME QUIRK, RAYMOND R
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY - ST - ZIP IRVINE CA

TITLE TDV
NAME STRUNK, CARL A
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY - ST - ZIP IRVINE CA

TITLE VD
NAME MAUDSLEY, RONALD R
STREET ADDRESS 280 WEKIVA SPRINGS RD SUITE 148
CITY - ST - ZIP LOGWOOD FL

TITLE D
NAME CALINDA, LAURENCE E
STREET ADDRESS 2100 S.E. MAIN STREET, SUITE 400
CITY - ST - ZIP IRVINE CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Liss Jones Kane, Secretary

4/8/96

(714) 622-4333

Date

Daytime Phone #

CR2E034 (12/95)