

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 19 1997 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 17911 VON KARMAN
148 300
LONGWOOD FL 32779 IRVINE CA 92614-8253
US US

3. Date Incorporated or Qualified 08/10/1957 3a. Date of Last Report 04/16/1996
4. FEI Number 23-1290668 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	SVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, M'LISS JONES	1.2 NAME	
STREET ADDRESS	17911 VON KARMAN, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	Irvine, CA 92614
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRK, RAYMOND R	2.2 NAME	
STREET ADDRESS	17911 VON KARMAN, SUITE 500	2.3 STREET ADDRESS	3938 State Street, 2nd Floor
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	TDV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUNK, CARL A	3.2 NAME	
STREET ADDRESS	17911 VON KARMAN, SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	Irvine, CA 92614
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUDSLEY, RONALD R	4.2 NAME	
STREET ADDRESS	280 WEKIVA SPRINGS RD SUITE 148	4.3 STREET ADDRESS	3938 State Street, 2nd Floor
CITY-ST-ZIP	LOGWOOD FL	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Patrick F. Stone
STREET ADDRESS		5.3 STREET ADDRESS	3938 State Street, 2nd Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	John A. Frates
STREET ADDRESS		6.3 STREET ADDRESS	901 North Lake Destiny Road, Suite 395
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Maitland, FL 32571-4844

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, REQUIRED 1/16/97 (714) 622-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ADDITIONAL DIRECTORS/OFFICERS

DCEO
William P. Foley, II
17911 Von Karman Avenue, Suite 500
Irvine, CA 92614

DEV P
Frank P. Willey
17911 Von Karman Avenue
Suite 500
Irvine, CA 92614

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SIGNATURE

Signature, typed or printed name of registered agent, and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE		5.1 TITLE	DP
NAME		5.2 NAME	Patrick F. Stone
STREET ADDRESS		5.3 STREET ADDRESS	3938 State Street, 2nd Floor
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NAME		6.2 NAME	John A. Frates
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SIGNATURE:

M'Liss Jones Kane, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

(714) 622-4326

Date:

Daytime Phone: #

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