

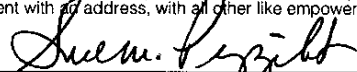


**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90087 025 \*\*\*150.00

<b>DOCUMENT # 812480</b> 1. Entity Name <b>STEWART TITLE GUARANTY COMPANY</b>				<b>Secretary of State</b> 03-21-2005 90087 025 ***150.00	
Principal Place of Business <b>1980 POST OAK BLVD HOUSTON, TX 77056 US</b>		Mailing Address <b>PO BOX 2029 HOUSTON, TX 77252-2029 US</b>			
2. Principal Place of Business		3. Mailing Address		03142005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>74-0924290</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORRIS, STEWART JR 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORRIS, MALCOLM 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSPETH, CM 8 GREENWAY PLAZA #1300 HOUSTON, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, STEWART JR 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISP, MAX 1980 POST OAK BLVD HOUSTON, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, CARLOSS 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANDERSON, KEN D. 1980 POST OAK BLVD HOUSTON, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, STEWART SR 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSPETH, C M 1980 POST OAK BLVD HOUSTON, TX	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANK, NITA 1980 POST OAK BLVD., STE 910 HOUSTON, TX 77056
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIZZITOLA, SUE 1980 POST OAK BLVD HOUSTON, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELIN, BRUCE 2438 WINDMILL DR RICHMOND, TX 77469
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3/14/05 713-625-8025			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

# ATTACHMENT

40035876

# 812480

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**  
BOX 11 (continuation sheet)

Title	D
Name	MOHLER, EUGENE
Street Address	2511 STONEY BROOK
City-ST-ZIP	HOUSTON, TX 77063

**Addition**