


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 812480 1. Entity Name STEWART TITLE GUARANTY COMPANY	
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Principal Place of Business 1980 POST OAK BLVD HOUSTON, TX 77056 US	Mailing Address PO BOX 2029 HOUSTON, TX 77252-2029 US
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-0924290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000562065
05/19/06-80042-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORRIS, MALCOLM 1980 POST OAK BLVD., STE 800 HOUSTON, TX 77056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSPETH, CM 8 GREENWAY PLAZA #1300 HOUSTON, TX
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISP, MAX 1980 POST OAK BLVD HOUSTON, TX
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANDERSON, KEN D. 1980 POST OAK BLVD HOUSTON, TX
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANK, NITA 1980 POST OAK BLVD. STE 910 HOUSTON, TX 77056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIZZITOLA, SUE 1980 POST OAK BLVD HOUSTON, TX
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **(713) 625-8029**
Date Days and Phone #