2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# 812918

Entity Name: COMMONWEALTH LAND TITLE INSURANCE COMPANY

Current Principal Place of Business:

2 LOGAN SQUARE
5TH FLOOR
PHILADELPHIA, PA 191033990 US

New Principal Place of Business:

Current Mailing Address:

101 GATEWAY CNTR PKWY
GATEWAY 1
RICHMOND, VA 23235 US

New Mailing Address:

FEI Number: 23-1253755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVPT ( ) Delete
Name: RAMOS, RONALD B
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: VS ( ) Delete
Name: PERRINE, CHADWICK
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: DCFO ( ) Delete
Name: EVANS, G. WILLIAM
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: DP ( ) Delete
Name: ALPERT, JANET A
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: DCEO ( ) Delete
Name: FOSTER, CHARLES H JR
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: DSVP ( ) Delete
Name: RAPP, JOHN P
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVPS (X) Change ( ) Addition
Name: PERRINE, CHADWICK
Address: 101 GATEWAY CENTRE PKWY
City-St-Zip: RICHMOND, VA 23235

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM. CHADWICK PERRINE SVPS 03/19/2004
Electronic Signature of Signing Officer or Director — Date