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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 813958

(6)

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

2 PARK AVENUE
NEW YORK NY 10018

Mailing Address

17911 VON KARMAN
300
IRVINE CA 92614-6253
US



3. Date Incorporated or Qualified

10/10/1959

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

13-1286310

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

TITLE DC ☐ DELETE
NAME FOLEY, WILLIAM P II
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY-ST-ZIP IRVINE CA

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

TITLE P ☐ DELETE
NAME STONE, PATRICK F.
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY-ST-ZIP IRVINE CA

TITLE DEV ☐ DELETE
NAME WILLEY, FRANK P
STREET ADDRESS 17911 VON KARMAN, SUITE 500
CITY-ST-ZIP IRVINE CA

TITLE DVS ☐ DELETE
NAME WIMER, CHARLES H
STREET ADDRESS 2 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE
NAME RICHARDS, JONATHAN A.
STREET ADDRESS 2 PARK AVENUE, 3RD FLOOR
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

1/16/97 (714) 622-4326

CR2E034 (9/96)

ADDITIONAL DIRECTORS/OFFICERS

DSVP
Joseph N. Friedman
2 Park Avenue
3rd Floor
New York, NY 10016

DVP
Christopher J. Quintero
2 Park Avenue
3rd Floor
New York, NY 10016