

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813958

FILED
Mar 16, 2004
Secretary of State

Entity Name: FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

2 PARK AVENUE
3RD FLOOR
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

17911 VON KARMAN
300
IRVINE, CA 92614 US

New Mailing Address:

FEI Number: 13-1286310 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: DC () Delete
Name: FOLEY, WILLIAM P II
Address: 4050 CALLE REAL SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: CFOT () Delete
Name: STINSON, ALAN L
Address: 4050 CALLE REAL SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: P () Delete
Name: QUIRK, RAYMOND R
Address: 4050 CALLE REAL SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VP S () Delete
Name: VELEZ, JR., FERNANDO
Address: 4050 CALLE REAL SUITE 220
City-St-Zip: SANTA BARBARA, CA 93110

Title: DEVP () Delete
Name: WIMER, CHARLES H
Address: 2 PARK AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: DV () Delete
Name: RICHARDS, JONATHAN A
Address: 2 PARK AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: FOLEY, WILLIAM P II
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFOT (X) Change () Addition
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Change () Addition
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVPS (X) Change () Addition
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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: TODD C. JOHNSON (MMB)

SVPS

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date