2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # 820736** 1. Entity Name TICOR TITLE INSURANCE COMPANY 05-03-2001 90990 023 ***150.00 Mailing Address Principal Place of Business 3916 STATE ST 245 SO LOS ROBLES AVE PASADENA CA 91101 SUITE 300 US C0058949 SANTA BARBARA CA 91101 US 3. Mailing Address 2. Principal Place of Business 171 North Clark Street 4050 Calle Real Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. ML 08 RS City & State 4. FEI Number Applied For City & State 95-2410872 Chicago IL Santa Barbara CA Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired US Fee Required 60601-3294 93110 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING MONROE STREET TALLAHASSEE FL 32301 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Additio PCED HITLE Delete. TITLE STONE TPATRICK F NAME STONE, PATRICK F NAME 4050 CALLE REAL STREET ADDRESS STREET ADDRESS 3916 STATE ST CITY-ST-7IP SANTA BARBARA CA 93110 CITY-ST-ZIF <u>ANTA BARBARA CA 93105</u> ☐ Change Additio Delete TITLE TITLE MASSEY, WILLIAM J NAME NAME STINSON, ALAN L STREET ADDRESS 171 N. CLARK ST. STREET ADDRESS 4050 CALLE REAL CITY-ST-ZIE CHICAGO IL 60601 CITY-ST-ZIP SANTA BARBARA CA 93110 Change Addition Delete ITITLE TITLE HALVORSEN, WILLIAM T NAME NAME VAN ROEYEN, EILEEN W.. 245 S. LOS ROBLES AVE STREET ADDRESS STREET ADDRESS 171 N CLARK ST ICITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91101 CHICAGO IL 6060 ☐ Change ☐ Additio ☐ Delete TITLE TITLE ABBINANTE, CHRISTOPHER NAME NAME 171 N. CLARK ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP Change Additio . Delete TITLE TITLE VD NAME NAME MEINHARDT, ERIKA STREET ADDRESS STREET ADDRESS 5775-C PEACHTREE DONWOODY ROAD CITY-ST-ZIP CITY-ST-ZIP <u>ATLANTA GA 303</u> Additio DV X Change □ Delete TITLE TITLE RAIN, BURTON J NAME NAME RAIN, BURTON J 171 N. CLARK ST. STREET ADDRESS STREET ADORESS 4050 CALLE REAL CITY-ST-ZIP CHICAGO IL 60601 SANTA BARBARA CA 93110 CITY-ST-ZIP

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13. 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 11 or Block 12 its chapter of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 its chapter of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 its chapter with a production of the receiver of trustees with a life of the corporation of the receiver of trustees.