

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825172 (0)**
1. Corporation Name
INDUSTRIAL VALLEY TITLE INSURANCE COMPANY



Principal Place of Business: **8 PENN CENTER PHILADELPHIA PA 19103**
Mailing Address: **8 PENN CENTER PHILADELPHIA PA 19103**

2. Principal Place of Business: **8 PENN CENTER PHILADELPHIA PA 19103**
2a. Mailing Address: **8 PENN CENTER PHILADELPHIA PA 19103**

3. Date Incorporated or Qualified: **10/08/1970** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-1634539**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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 BLDG TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SELBY, JEFFREY C	11 TITLE:	12 NAME:
STREET ADDRESS: 8 PENN CENTER	CITY-ST-ZIP: PHILADELPHIA PA	11 STREET ADDRESS:	12 STREET ADDRESS:
CITY-ST-ZIP: PHILADELPHIA PA	<input type="checkbox"/> DELETE	11 CITY-ST-ZIP:	12 CITY-ST-ZIP:
TITLE: VC	NAME: MORENROTH, IRVING	21 TITLE:	22 NAME:
STREET ADDRESS: 8 PENN CENTER	CITY-ST-ZIP: PHILADELPHIA PA	21 STREET ADDRESS:	22 STREET ADDRESS:
CITY-ST-ZIP: PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	21 CITY-ST-ZIP:	22 CITY-ST-ZIP:
TITLE: T	NAME: TISCHER, JEFFREY A	31 TITLE:	32 NAME:
STREET ADDRESS: 8 PENN CENTER	CITY-ST-ZIP: PHILADELPHIA PA	31 STREET ADDRESS:	32 STREET ADDRESS:
CITY-ST-ZIP: PHILADELPHIA PA	<input type="checkbox"/> DELETE	31 CITY-ST-ZIP:	32 CITY-ST-ZIP:
TITLE: S	NAME: LYNCH, JAMES JOSEPH D JR	41 TITLE:	42 NAME:
STREET ADDRESS: 8 PENN CENTER	CITY-ST-ZIP: PHILADELPHIA PA	41 STREET ADDRESS:	42 STREET ADDRESS:
CITY-ST-ZIP: PHILADELPHIA PA	<input type="checkbox"/> DELETE	41 CITY-ST-ZIP:	42 CITY-ST-ZIP:
TITLE: C	NAME: WEATHERBY, STEPHEN H	51 TITLE:	52 NAME:
STREET ADDRESS: 8 PENN CENTER	CITY-ST-ZIP: PHILADELPHIA PA	51 STREET ADDRESS:	52 STREET ADDRESS:
CITY-ST-ZIP: PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	51 CITY-ST-ZIP:	52 CITY-ST-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	<input type="checkbox"/> DELETE	61 STREET ADDRESS:	62 STREET ADDRESS:
CITY-ST-ZIP:		61 CITY-ST-ZIP:	62 CITY-ST-ZIP:

SR. Vice PRESIDENT - DIRECTOR
DAVID E. GLOSSBERG
8 PENN CENTER
Philadelphia PA 19103

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), 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: *[Signature]* DATE: **3/14/1996**
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **215-241-6140**

CR2E034 (12/95)