

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: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **10/08/1970** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-1634539** Applied For: Not Applicable:
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

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 607.0602 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 607.0609, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELBY, JEFFREY C	
STREET ADDRESS	8 PENN CENTER	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	MORENROTH, IRVING	
STREET ADDRESS	8 PENN CENTER	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TISCHER, JEFFREY A	
STREET ADDRESS	8 PENN CENTER	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LYNCH, JAMES JOSEPH D JR	
STREET ADDRESS	8 PENN CENTER	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WEATHERBY, STEPHEN H	
STREET ADDRESS	8 PENN CENTER	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SR. Vice PRESIDENT - DIRECTOR
23 STREET ADDRESS	DAVID E. GLOSSBERG
24 CITY- ST- ZIP	8 PENN CENTER
25 TITLE	Philadelphia PA 19103
31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 STREET ADDRESS	
33 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/1996 215-241-6140

CR2E034 (12/95)