

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825172 (0)**  
 1. Corporation Name  
**INDUSTRIAL VALLEY TITLE INSURANCE COMPANY**



Principal Place of Business <b>8 PENN CENTER PHILADELPHIA PA 19103</b>	Mailing Address <b>8 PENN CENTER PHILADELPHIA PA 19103-2125</b>
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2. Principal Place of Business <b>21 1700 Market Street</b> Suite, Apt. #, etc. <b>22 21st Floor</b> City & State <b>23 Philadelphia, PA</b> Zip <b>24 19103-3990</b>	2a. Mailing Address <b>26 1700 Market Street</b> Suite, Apt. #, etc. <b>27 21st Floor</b> City & State <b>28 Philadelphia, PA</b> Zip <b>29 19103-3990</b>	3. Date Incorporated or Qualified <b>10/08/1970</b>	3a. Date of Last Report <b>03/20/1996</b>	4. FEI Number <b>23-1634539</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER, THE CAPITOL BLDG TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE - Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SELBY, JEFFREY C</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8 PENN CENTER PHILADELPHIA PA</b>	CITY-ST-ZIP	1.2 NAME	
TITLE <b>SVPD</b>	NAME <b>GLOSSBERG, DAVID E.</b>	1.3 STREET ADDRESS <b>1700 Market Street, 21st Floor</b>	1.4 CITY-ST-ZIP <b>19103-3990</b>
STREET ADDRESS <b>8 PEN CENTER PHILADELPHIA PA</b>	CITY-ST-ZIP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	NAME <b>TISCHER, JEFFREY A</b>	2.2 NAME <b>Glassberg, David E.</b>	2.3 STREET ADDRESS <b>1700 Market Street, 21st Floor</b>
STREET ADDRESS <b>8 PENN CENTER PHILADELPHIA PA</b>	CITY-ST-ZIP	2.4 CITY-ST-ZIP <b>19103-3990</b>	3.1 TITLE <b>SVP/T/D</b>
TITLE <b>S</b>	NAME <b>LYNCH, JAMES JOSEPH D JR</b>	3.2 NAME <b>Tischler, Jeffrey A.</b>	3.3 STREET ADDRESS <b>1700 Market Street, 21st Floor</b>
STREET ADDRESS <b>8 PENN CENTER PHILADELPHIA PA</b>	CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>19103-3990</b>	4.1 TITLE <b>V/S/D</b>
TITLE	NAME	4.2 NAME	4.3 STREET ADDRESS <b>1700 Market Street, 21st Floor</b>
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP <b>19103-3990</b>	5.1 TITLE
TITLE	NAME	5.2 NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE
TITLE	NAME	6.2 NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.5 STREET ADDRESS

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 *James J.D. Lynch, Jr.* James J.D. Lynch, Jr. April 30, 1997

CR2E034 (9/96)