

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 Sandra B. Mortham 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 8 PENN CENTER PHILADELPHIA PA 19103	Mailing Address 8 PENN CENTER PHILADELPHIA PA 19103-2125
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2. Principal Place of Business 21 1700 Market Street Suite, Apt. #, etc. 22 21st Floor City & State 23 Philadelphia, PA Zip 24 19103-3990	2a. Mailing Address 26 1700 Market Street Suite, Apt. #, etc. 27 21st Floor City & State 28 Philadelphia, PA Zip 29 19103-3990	3. Date Incorporated or Qualified 10/08/1970	3a. Date of Last Report 03/20/1996
		4. FEI Number 23-1634539	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		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 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
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELBY, JEFFREY C	1.2 NAME	
STREET ADDRESS	8 PENN CENTER	1.3 STREET ADDRESS	1700 Market Street, 21st Floor
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	19103-3990
TITLE	SVPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOSSBERG, DAVID E.	2.2 NAME	Glossberg, David E.
STREET ADDRESS	8 PEN CENTER	2.3 STREET ADDRESS	1700 Market Street, 21st Floor
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	19103-3990
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCHER, JEFFREY A	3.2 NAME	Tischler, Jeffrey A.
STREET ADDRESS	8 PENN CENTER	3.3 STREET ADDRESS	1700 Market Street, 21st Floor
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	19103-3990
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JAMES JOSEPH D JR	4.2 NAME	V/S/D
STREET ADDRESS	8 PENN CENTER	4.3 STREET ADDRESS	1700 Market Street, 21st Floor
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	19103-3990
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. April 30, 1997

CR2E034 (9/96)