

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90090 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825172

1. Corporation Name
INDUSTRIAL VALLEY TITLE INSURANCE COMPANY



Principal Place of Business 2 LOGAN SQUARE SUITE 500 PHILADELPHIA PA 19103 US	Mailing Address 101 GATEWAY CENTRE PKWY. GATEWAY ONE RICHMOND VA 23235
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/08/1970	Applied For Not Applicable
4. FEI Number 23-1634539	
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input 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	

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

TITLE	PD <input type="checkbox"/> DELETE
NAME	ALPERT, JANET A
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE
CITY-ST-ZIP	RICHMOND VA 23235
TITLE	SVP <input checked="" type="checkbox"/> DELETE
NAME	BOXK, WILLIAM
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE
CITY-ST-ZIP	RICHMOND VA 23235
TITLE	DSVT <input type="checkbox"/> DELETE
NAME	TISCHLER, JEFFREY A
STREET ADDRESS	1700 MARKET STREET, 21ST FLOOR
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	CP <input type="checkbox"/> DELETE
NAME	COLE, DONALD J
STREET ADDRESS	3350 CEMBERLAND CIRCLE, SUITE 950
CITY-ST-ZIP	ATLANTA GA 30339
TITLE	VP <input type="checkbox"/> DELETE
NAME	COZZO, FRANK
STREET ADDRESS	2 LOGAN SQUARE, SUITE 500
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	AVP <input type="checkbox"/> DELETE
NAME	DISTEFANO, JAMES J
STREET ADDRESS	123 N. OLIVE ST.
CITY-ST-ZIP	MEDIA PA 19063

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wm Chadwick Perrine
2.3 STREET ADDRESS	101 Gateway Centre Parkway, Gateway One
2.4 CITY-ST-ZIP	Richmond, VA 23235
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 Gateway Centre Parkway, Gateway One
3.4 CITY-ST-ZIP	Richmond, VA 23235
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Wm Chadwick Perrine 4/23/99 (801) 267-8317
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)