

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-03-1999 90090 023 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1970

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ALPERT, JANET A
STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE
CITY-ST-ZIP RICHMOND VA 23235

TITLE SVP ☒ DELETE
NAME BOXK, WILLIAM
STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE
CITY-ST-ZIP RICHMOND VA 23235

TITLE DSVT ☐ DELETE
NAME TISCHLER, JEFFREY A
STREET ADDRESS 1700 MARKET STREET, 21ST FLOOR
CITY-ST-ZIP PHILADELPHIA PA

TITLE CP ☐ DELETE
NAME COLE, DONALD J
STREET ADDRESS 3350 CEMBERLAND CIRCLE, SUITE 950
CITY-ST-ZIP ATLANTA GA 30339

TITLE VP ☐ DELETE
NAME COZZO, FRANK
STREET ADDRESS 2 LOGAN SQUARE, SUITE 500
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE AVP ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President & Secretary ☐ Change ☒ 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 ☐ Change ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(801) 267-8317

Daytime Phone #

CR2E034 (1/98)