2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #825172** Feb 26, 2000 8:00 am **Secretary of State** INDUSTRIAL VALLEY TITLE INSURANCE COMPANY 02-26-2000 90013 032 ***150.00 Principal Place of Business Mailing Address 101 GATEWAY CENTRE PKWY. 2 LOGAN SQUARE SUITE 500 **GATEWAY ONE** PHILADELPHIA PA 19103 RICHMOND VA 23235-5153 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. City & State 4. FEI Number Applied For City & State 23-1634539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG TALLAHASSEE FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Addition PD TITLE TITLE NAME NAME ALPERT, JANET A STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE CITY-ST-ZIE CITY-ST-ZIP RICHMOND VA 23235 ☐ Change Addition ☐ Delete TITLE TITLE SVP NAME PERRINE, CHADWICK W NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY,. GATEWAY ONE CITY-\$T-ZIP CITY-ST-ZIP RICHMOND VA 23235 ☐ Change XI Addition X Delete TITLE SVP & Treasurer TITLE Ronald B. Ramos NAME TISCHLER, JEFFREY A NAMÉ 101 Gateway Centre Parkway Richmond, VA 23235 STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY, GATEWAY 1 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 ☐ Change XX Addition **X**Delete TITLE Dir/ SVP TITLE CP Christopher L. Rosati NAME COLE, DONALD J NAME STREET ADDRESS 101 Gateway Centre Parkway STREET ADDRESS 3350 CEMBERLAND CIRCLE, SUITE 950 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 Richmond, VA 23235 ☐ Delete ☐ Change Addition **VP** TITLE TITLE NAME COZZO, FRANK STREET ADDRESS STREET ADDRESS 2 LOGAN SQUARE, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ Change Addition ☐ Delete TITLE TITLE AVP DISTEFANO, JAMES J NAME STREET ADDRESS STREET ADDRESS 123 N. OLIVE ST. CITY-ST-ZIP CITY-ST-ZIP **MEDIA PA 19063**

13. 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 report or supplemental 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 11 or Block 12 if