

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90089 028 \*\*\*150.00

5-01090-5

**DOCUMENT # 825172**  
 1. Entity Name  
**INDUSTRIAL VALLEY TITLE INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**2 LOGAN SQUARE**      **101 GATEWAY CENTRE PKWY.**  
**SUITE 500**      **GATEWAY ONE**  
**PHILADELPHIA PA 19103**      **RICHMOND VA 23235**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**23-1634539**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**THE CAPITOL BLDG**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALPERT, JANET A</b> <b>101 GATEWAY CENTRE PKWY., GATEWAY ONE</b> <b>RICHMOND VA 23235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>PERRINE, CHADWICK W</b> <b>101 GATEWAY CENTRE PKWY., GATEWAY ONE</b> <b>RICHMOND VA 23235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT</b> <b>RAMOS, RONALD B</b> <b>101 GATEWAY CENTRE PKWY, GATEWAY 1</b> <b>RICHMOND VA 23235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>ROSATI, CHRISTOPHER L</b> <b>101 GATEWAY CENTRE PARKWAY</b> <b>RICHMOND VA 23235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COZZO, FRANK</b> <b>2 LOGAN SQUARE, SUITE 500</b> <b>PHILADELPHIA PA 19103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>DISTEFANO, JAMES J</b> <b>123 N. OLIVE ST.</b> <b>MEDIA PA 19063</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *W. Abdul-Rahman Perrine*      **3/13/02**      **804 267-8317**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)