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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:12

DOCUMENT # **828440** **(8)**

1. Corporation Name
COUNTRYWIDE TITLE CORPORATION

Principal Place of Business	Mailing Address
155 NORTH LAKE AVE DEPT. 019 P.O. BOX 7137 PASADENA CA 91109-4137	155 NORTH LAKE AVE DEPT. 019 P.O. BOX 7137 PASADENA CA 91109-4137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1972
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 13-2641993 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOEB,DAVID S 155 NORTH LAKE AVENUE PASADENA CA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR LOEB, DAVID S. 155 NORTH LAKE AVENUE PASADENA, CALIFORNIA ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOZILO,ANGELO 155 NORTH LAKE AVENUE PASADENA CA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOONE, THOMAS H 155 NORTH LAKE AVENUE PASADENA CA	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR, CEO BOONE, THOMAS H. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMUELS, SANDOR E 155 NORTH LAKE AVENUE PASADENA CA	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	PRESIDENT DE LEO, RICHARD 155 NORTH LAKE AVENUE PASADENA, CALIFORNIA 91101 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCIA, CARLOS M. 155 NORTH LAKE AVENUE PASADENA CA	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TREASURER KEVIN L. MEYERS 155 NORTH LAKE AVENUE PASADENA, CALIFORNIA 91101 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS POE, PATRICIA I 155 NORTH LAKE AVENUE PASADENA CA 91101	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia I. Poe PATRICIA I. POE 03/27/95 (818) 666-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491693 FN