

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 16, 2011
Secretary of State

Entity Name: WESTCOR LAND TITLE INSURANCE COMPANY

Current Principal Place of Business:

201 N. NEW YORK AVE
STE. 200
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

201 N. NEW YORK AVE
STE. 200
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 88-0294251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWER, PATRICIA W
C/O WESTCOR LAND TITLE INS., CO
201 N NEW YORK AVE, STE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WRIGHT, TERRENCE L
Address: 1500 CHAMPION HILLS LANE
City-St-Zip: LAS VEGAS, NV 89134

Title: D
Name: LASSITER, ROY
Address: 315 VIRGINIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: PD
Name: O'DONNELL, MARY
Address: 400 EAST COLONIAL DRIVE #1709
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: GRAHAM, ROBBIE D
Address: 1200 MCDONALD AVENUE
City-St-Zip: PRESCOTT, AZ 86303

Title: D
Name: PHILIPP, DAVID
Address: 3084 FARICHILD DR.
City-St-Zip: EL DORADO HILLS, CA 95762

Title: T
Name: SCHEFSTAD, MICHAEL
Address: 817 GLEN ARDEN WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SCHEFSTAD

TRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date