

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005889

FILED
May 20, 2008
Secretary of State

Entity Name: RESIDENTIAL TITLE SERVICES, INC.

Current Principal Place of Business:

1910 SOUTH HIGHLAND
SUITE 150
LOMBARD, IL 60148

New Principal Place of Business:

Current Mailing Address:

1910 SOUTH HIGHLAND
SUITE 150
LOMBARD, IL 60148

New Mailing Address:

FEI Number: 36-4161317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTC () Delete
Name: REYNOLDS, ROBERT P
Address: 1910 SOUTH HIGHLAND, SUITE 202
City-St-Zip: LOMBARD, IL 60148

Title: VSD () Delete
Name: MURPHY, KEVIN M
Address: 4225 SPRING LAKE DRIVE
City-St-Zip: LAKE IN THE HILLS, IL 60148

Title: D () Delete
Name: FURMAN, ANDREW
Address: 21801 WEST JUNEAU
City-St-Zip: PLAINFIELD, IL 60544

Title: D () Delete
Name: CARRARA, BRIAN
Address: 11017 SOUTH JODAN OAK LAWN
City-St-Zip: IL, IL 60453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY J. KROLAK

VP

05/20/2008

Electronic Signature of Signing Officer or Director

Date