

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90049 009 ***150.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number **33-0936818** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, PARKER S	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ERGAS, WILLIAM G	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COLLINS, KATHLEEN M	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALDES, MAX O	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNUTSON, PAUL W	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNINGS, GAYLE S	
STREET ADDRESS	1 FIRST AMERICA WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Ann Johnson	
STREET ADDRESS	1 First American Way	
CITY-ST-ZIP	Santa Ana, CA 92707	
TITLE	VP/CFO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A. Klemens	
STREET ADDRESS	1 First American Way	
CITY-ST-ZIP	Santa Ana, CA 92707	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mellville R. Bois	
STREET ADDRESS	7777 Washington Ave. South	
CITY-ST-ZIP	Edina, MN 55439	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William G. Ergas	
STREET ADDRESS	1 First American Way	
CITY-ST-ZIP	Santa Ana, CA 92707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen M. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #