

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005345

FILED
Mar 16, 2004
Secretary of State

Entity Name: FIDELITY NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

4050 CALLE REAL
SANTA BARBARA, CA 93110

New Principal Place of Business:

17911 VON KARMAN AVE.
IRVINE, CA 92614

Current Mailing Address:

17911 VON KARMAN AVENUE
SUITE 300
IRVINE, CA 92614

New Mailing Address:

FEI Number: 86-0417131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PCOO () Delete
Name: QUIRK, RAYMOND R
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VASD () Delete
Name: WILLEY, FRANK P
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: CFO () Delete
Name: STINSON, ALAN L
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VT () Delete
Name: FARENGA, PATRICK G
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VPS () Delete
Name: VELEZ, FERNANDO JR.
Address: 4050 CALLE REAL- SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VAS () Delete
Name: NEMZURA, MARJORIE
Address: 171 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOO (X) Change () Addition
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VASD (X) Change () Addition
Name: WILLEY, FRANK P
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO (X) Change () Addition
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VT (X) Change () Addition
Name: FARENGA, PATRICK G
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVPS (X) Change () Addition
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD C. JOHNSON (MMB)

SVPS

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date