

CT CORPORATION SYSTEM

F02000000162

CORPORATION(S) NAME

FILED
02 JAN 10 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fidelity National Insurance Services, Inc.

0

FEB 22 12 2002

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign qualification | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 SEP 14 AM 11:14
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/4/01

602700001502
W01000020497

Order#: 4680146

400004567504--4

-09/04/01--01068--013

Ref#:

*****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

82



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 4, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: FIDELITY NATIONAL INSURANCE SERVICES, INC.
Ref. Number: W01000020497

FAX

FILED
JUN 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FIDELITY NATIONAL INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$70.00 payment.

The application indicates that this corporation began transacting business in Florida on September 27, 2000. If this is so, then penalty fees are owed.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 301A00049853



**FIDELITY NATIONAL INSURANCE SERVICES
FAX TRANSMITTAL SHEET**

02 JAN 10 PM 3:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: BUCK KOHR 850 410 1015
FROM: ANTON ROSANDIC
SUBJECT: FLORIDA LICENSE
APPLICANT: FIDELITY NATIONAL INSURANCE SERVICES, INC.
REF. # W01000020497
DATE: JANUARY 10, 2002
PAGES TO FOLLOW: 0

Dear Mr. Kohr:

Thank you for your assistance. Please be advised that the application of Fidelity National Insurance Services, Inc. mistakenly states that we have transacted business since 9/27/2000 in the state of Florida. Please be advised that Fidelity National Insurance Services, Inc. has not transacted any business in the state of Florida as of January 10, 2002, the date of this facsimile.

Please send a copy of the license via facsimile to our toll free facsimile number 888 333 2490.

Once again, thank you for your assistance. Please do not hesitate to call me at 888 333 2120 ext 6642 with any further questions or comments.

Very truly yours,

A handwritten signature in black ink, appearing to be "Anton Rosandic".

Anton Rosandic
Vice President
Fidelity National Insurance Services, Inc.

Tel: 888 333-2120 Fax: 888 333-2490

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fidelity National Insurance Services, Inc.
(Name of corporation - must include suffix)

FILED
02 JAN 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marjorie Nemzura

(Name of Person)

Fidelity National

(Firm/Company)

171 N. Clark Street - 8th Floor

(Address)

Chicago, IL 60601

(City/State and Zip code)

For further information concerning this matter, please call:

Marjorie Nemzura at (312) 223-4552
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Fidelity National Insurance Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. California
(State or country under the law of which it is incorporated)
3. 77-0554557
(FEI number, if applicable)
4. 09/27/2000
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 09/27/2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4050 Calle Real, Santa Barbara, CA 93110
(Principal office address)
same
(Current mailing address)
- Insurance Brokerage
8.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Scot Ferraro (Registered agent's signature)
C T Corporation System
Scot Ferraro
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Marjorie Nemzura
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marjorie Nemzura Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIDELITY NATIONAL INSURANCE SERVICES, INC. (CA)

Directors and Officers

FEIN: 77-0554557

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIRECTORS

William P. Foley	4050 Calle Real, Suite 200, Santa Barbara, CA 93110
Frank P. Willey	4050 Calle Real, Suite 200, Santa Barbara, CA 93110
Alan L. Stinson	4050 Calle Real, Suite 200, Santa Barbara, CA 93110
Peter T. Sadowski	4050 Calle Real, Suite 200, Santa Barbara, CA 93110

OFFICERS

Mark O. Davey	President, Chief Executive Officer 3916 State Street, Suite 2B, Santa Barbara, CA 93105
Alan L. Stinson	Chief Financial Officer 4050 Calle Real, Suite 200, Santa Barbara, CA 93110
Peter T. Sadowski	Executive Vice President, General Counsel 4050 Calle Real, Suite 200, Santa Barbara, CA 93110
Hilary B. Burkemper	Vice President, Assistant Secretary 4050 Calle Real, Suite 220, Santa Barbara, CA 93110
Kevin Chiarello	Vice President 17911 Von Karman Ave., Suite 300, Irvine, CA 92614
Richard Cox	Vice President, Tax 4050 Calle Real, Suite 120, Santa Barbara, CA 93110
Patrick G. Farenga	Vice President, Treasurer 4050 Calle Real, Suite 160, Santa Barbara, CA 93110
Marjorie Nemzura	Vice President, Assistant Secretary 171 N. Clark Street, 8 th Floor, Chicago, IL 60601
Donald E. Partington	Vice President 17911 Von Karman Ave., Suite 300, Irvine, CA 92614
Eileen W. Van Roeyen	Vice President, Assistant Secretary 171 N. Clark Street, 8 th Floor, Chicago, IL 60601

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

FILED
JAN 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **27TH day of SEPTEMBER, 2000**, **FIDELITY NATIONAL INSURANCE SERVICES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

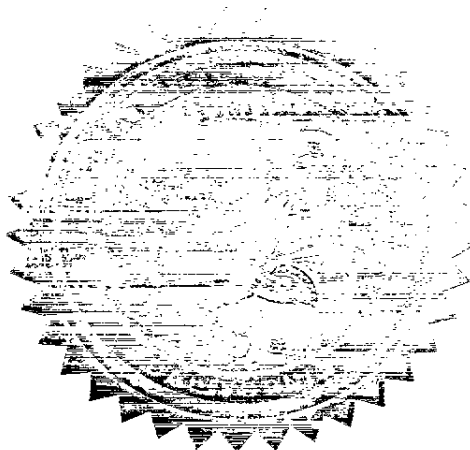
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of August 31, 2001.



Bill Jones
BILL JONES
Secretary of State