2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# F02000000162

Entity Name: FIDELITY NATIONAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

4050 CALLE REAL, SUITE 200
SANTA BARBARA, CA 93110

New Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

4050 CALLE REAL, SUITE 200
SANTA BARBARA, CA 93110

New Mailing Address:

17911 VON KARMAN AVE., SUITE 300
IRVINE, CA 92614

FEI Number: 77-0554557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: DAVEY, MARK O
Address: 3938 STATE STREET 2ND FL
City-St-Zip: SANTA BARBARA, CA 93105

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

Title: VD ( ) Delete
Name: SADOWSKI, PETER T
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: VAS ( ) Delete
Name: BURKEMPER, HILARY B
Address: 4050 CALLE REAL, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93110

Title: V ( ) Delete
Name: CHIARELLO, KEVIN
Address: 3938 STATE STREET 2ND FL
City-St-Zip: SANTA BARBARA, CA 93105

Title: V ( ) Delete
Name: COX, RICHARD
Address: 4050 CALLE REAL STE 160
City-St-Zip: SANTA BARBARA, CA 93110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVEY, MARK O
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: VD (X) Change ( ) Addition
Name: SADOWSKI, PETER T
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: V (X) Change ( ) Addition
Name: CHIARELLO, KEVIN
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change ( ) Addition
Name: COX, RICHARD
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

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 03/22/2004

Electronic Signature of Signing Officer or Director — Date