2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90045 007 ***150.00

DOCUMENT # F02000002552

1. Entity Name
LANDAMERICA PROPERTY INSPECTION SERVICES, INC.

Principal Place of Business	Mailing Address
925 NORTH POINT PARKWAY, SUITE 400 ALPHARETTA, GA 30005	5600 COX ROAD GLEN ALLEN, VA 23060

04072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0573178 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARTIN, JAMES D
2300 MAITLAND CENTER PARKWAY, SUITE 100
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name: Capitol Corporate SErvices, INc.
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive, Ste. A
City: Tallahassee **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHAN, JEFFREY D 5600 COX ROAD GLEN ALLEN, VA 23060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Anna M. King 5600 Cox Road Glen Allen, VA 23060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRASER, REVELL L 5600 COX ROAD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS BROWNSTEIN, ANDREW S 5600 COX ROAD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LORD, NATHAN M 5600 COX ROAD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Nathan M. Lord 5600 Cox Road Glen Allen, VA 23060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT RAMOS, RONALD B 5600 COX ROAD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS VAUGHAN, HOPE M 5600 COX ROAD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4.11.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #