

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000002552

FILED
Dec 07, 2009
Secretary of State

Entity Name: LANDAMERICA PROPERTY INSPECTION SERVICES, INC.

Current Principal Place of Business:

925 NORTH POINT PARKWAY, SUITE 400
ALPHARETTA, GA 30005

New Principal Place of Business:

4300 ALEXANDER DRIVE
SUITE 200
ALPHARETTA, GA 30022

Current Mailing Address:

5600 COX ROAD
GLEN ALLEN, VA 23060

New Mailing Address:

4300 ALEXANDER DRIVE
SUITE 200
ALPHARETTA, GA 30022

FEI Number: 02-0573178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC
155 OFFICE PLAZA DRIVE
STE A
TALLAHASSEE, FL 32301 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: GAYLE WINDLE, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: KING, ANNA M
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: DP () Delete
Name: FRASER, REVELL L
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: VPAS () Delete
Name: BROWNSTEIN, ANDREW S
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: VP () Delete
Name: LORD, NATHAN M
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPT (X) Delete
Name: RAMOS, RONALD B
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: AS (X) Delete
Name: VAUGHAN, HOPE M
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FRASER, REVELL L
Address: 4300 ALEXANDER DRIVE, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

Title: S/D (X) Change () Addition
Name: COVINGTON, ROBERT
Address: 4300 ALEXANDER DRIVE, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

Title: T/AS (X) Change () Addition
Name: GADECKI, DAVE
Address: 4300 ALEXANDER DRIVE, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

Title: D (X) Change () Addition
Name: CLARK, RONALD
Address: 4300 ALEXANDER DRIVE, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REVELL L. FRASER

Electronic Signature of Signing Officer or Director

P/D

12/07/2009

Date