

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004533

1. Entity Name
FIRST AMERICAN MLS SOLUTIONS, INC.



Principal Place of Business
**11121 KINGSTON PIKE, SUITE E
KNOXVILLE, TN 37922-2890**

Mailing Address
**PO BOX 24119
KNOXVILLE, TN 37933-2119**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1666940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CATLIN, BERRY
4788 MAID MARIAN LANE
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
RONEY, STEPHEN C
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FOREMAN, BRYAN
1951 KIDWELL DR., STE 300
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
LAGERWEY, KEVIN J
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
SELLON, LISA
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CONT
DIXON, LORI
1951 KIDWELL DR., STE 300
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WAGNER, DEBORAH
PO BOX 24119
KNOXVILLE, TN 37933**

U000000673385
03/29/07-80027-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428707

Date

Daytime Phone #