


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 029 ***550.00

DOCUMENT # F02000005657 1. Entity Name FIRST AMERICAN TITLE INSURANCE COMPANY OF TEXAS					
Principal Place of Business 1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON, TX 77077			Mailing Address 1 FIRST AMERICAN WAY SANTA ANA, CA 92707		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 74-0891060	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BLACKWELL, TOMMY E 1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON, TX 77077	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Melville R. Bois 7777 Washington Ave. South Edina, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOM, CHARLES E 1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON, TX 77077	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dawn K. Moore 2100 McKinney Ave., #1200 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDHLM, JACK M 1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON, TX 77077	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stephen P. Veltri 3200 E. Camelback Rd, #105 Phoenix, AZ 85018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KERMOTT, GARY L 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary L. Kermott 1 First American Way Santa Ana, CA 92707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLAND, DENNIE L 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/10/04 Daytime Phone: _____		

54054511



03012003 Chg-P CR2E034 (10/03)

Attachment

524054511

FIRST AMERICAN TITLE INSURANCE COMPANY OF TEXAS
DOCUMENT NUMBER: F02000005657

Directors (Continued):

Donald J. Casey
308 Route 38
Moorestown, NJ 08057

Craig I. DeRoy
1 First American Way
Santa Ana, CA 92707

David J. Weaving
1 Campus Drive
Parsippany, NJ 07054