

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 026 ***150.00

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**

50011775



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **74-0891060**
 Applied For: Not Applicable

Zip: Country

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

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 _____ 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, 2005 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	P BOIS, MELVILLE R	<input type="checkbox"/> Delete
STREET ADDRESS	7777 WASHINGTON AVE. SOUTH	
CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
TITLE NAME	S MOORE, DAWN K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2100 MCKINNEY AVE., #1200	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE NAME	T VELTRI, STEPHEN P	<input type="checkbox"/> Delete
STREET ADDRESS	3200 E. CAMELBACK RD., #105	
CITY-ST-ZIP	PHOENIX, AZ 85018	
TITLE NAME	D KERMOTT, GARY L	<input type="checkbox"/> Delete
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE NAME	D ROWLAND, DENNIE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	SVP Janine Andriole	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7777 Washington Ave. South	
CITY-ST-ZIP	Edina, MN 55439	
TITLE NAME	VP/S Kathleen M. Collins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 First American Way	
CITY-ST-ZIP	Santa Ana, CA 92707	
TITLE NAME	D Donald J. Casey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	308 Route 38	
CITY-ST-ZIP	Moorestown, NJ 08057	
TITLE NAME	D Craig I. DeRoy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 First American Way	
CITY-ST-ZIP	Santa Ana, CA 92707	
TITLE NAME	D David J. Weaving	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 Campus Drive	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Kathleen M. Collins **1/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #