


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000005657</b> 1. Entity Name <b>CENSTAR TITLE INSURANCE COMPANY</b>		
Principal Place of Business <b>1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON, TX 77077</b>		Mailing Address <b>7777 WASHINGTON AVENUE SOUTH EDINA, MN 55439</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOIS, MELVILLE R 7777 WASHINGTON AVE. SOUTH MINNEAPOLIS, MN 55439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANDROILE, JANINE 7777 WASHINGTON AVE SOUTH EDINA, MN 55439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELTRI, STEPHEN P 3200 E. CAMELBACK RD., #105 PHOENIX, AZ 85018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERMOTT, GARY L 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COLLINS, KATHLEEN M 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 any address, with all other like empowered.		
SIGNATURE: <u>Melville R. Bois</u> 4-7-06 952-238-6426 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 74-0891060	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

1000000510450  
04/29/06-80008-016 150.00

**DO NOT WRITE  
IN THIS SPACE**