2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)									FILED				
DOCUMENT # F0200005657 1. Entity Name FIRST AMEDICAN TITLE INSUBANCE COMPANY OF TEXAS								03 SEP 15 PM 12: 43					
FIRST AMERICAN TITLE INSURANCE COMPANY OF TEXAS								•	SECRETAFIN FALLAHASSE				
		s IRD. Suite 300	Mailing Address 1500 SOUTH DAIRY ASHFORD, SUITE 300 HOUSTON TX 77077					7 (CCA198.55g					
2. Principal P	Place of Busin	968	3. Mailing Address 1 First American Way					1 1884188 5111 88418 14915 88414 88	ill 19 141 06 31	1918 111 0 G1(U)	. 41511 1481 1481		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKIN	IG CHANGES			
City & State			Santa Ana, CA				4. F	FI Number 74-0891060		<u> </u>	oplied For ot Applicable		
Zip	Country			Zip 92707 Coun'			5. Certificate of Status D				\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registere	ed Agent				7. N	ame and Address of New R	egistered	l Agent		
CORPORATION SERVICE COMPANY													
	ation serv Is street	ICE COMPANI					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHA	SSEE FL 32	301-2525					7 00023108557 09/16/0301044021 **\$550.00						
						City	FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE								ed age	nt, or both, in the State of Flo 7000231 19/16/0301044-	rida. 1 am 113 : -1322	familiar with,	and accept	
	Signature, typed o	or printed name of registered agent	and title if app	licable. (NOT)	E: Registered	l Agent signati	ure required	when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									Election Campaign Fin Trust Fund Contribution	•	\$5.0 \(\text{Added}	May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.				DITIONS/CHANGES TO OFF	CERS AN	D DIRECTORS	S IN 11	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	ME - BLACKWELL, TOMMY E REET ADDRESS 1500 SOUTH DAIRY ASHFORD, S			☐ Delete	Delete TITLE NAME STREE CITY-		Director Dennie L. Rowland 1 First American Way Santa Ana, CA 92707				Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOM, CH 1500 SOU HOUSTON	TH DAIRY ASHFORD,	SUITE 3	Delete	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M, JACK M TH DAIRY ASHFORD, TX 77077	SUITE 3	Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GARY L MERICAN WAY IA CA 92707		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE						☐ Change	☐ 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 cath; 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:

SIGNATURE

Date

Date

Date

Dayling Phone #

CITY-ST-ZIP

CITY-ST-ZIP