

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000268

Entity Name: LPS FIELD SERVICES, INC.

FILED
Apr 11, 2011
Secretary of State

Current Principal Place of Business:

30825 AURORA ROAD, SUITE 140
SOLON, OH 44139

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT/APRIL JOHNSON
601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 34-1856603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EVPS
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: CEOP
Name: CARBIENER, JEFFREY S
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA
Name: ALVARADO, JENNIFER F
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: SCHEUBLE, DANIEL T
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPAS
Name: HALEY, COLLEEN E
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN E. HALEY

VPAS

04/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date