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: New Principal Place of Business:

30825 AURORA ROAD, SUITE 140 SOLON, OH 44139

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: [

 Name:
 SCHEUBLE, DANIEL T

 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title:

 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