

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2012
Secretary of State

Entity Name: FNIS INSURANCE SERVICES, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

Current Mailing Address:

2510 N. REDHILL AVE.
C/O MADELINE G. M. LOVEJOY
SANTA ANA, CA 92705

New Mailing Address:

FEI Number: 71-0900874 **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: DP
Name: DAVEY, MARK O
Address: 4905 BELFORT RD., SUITE 110
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVPT
Name: MURPHY, DANIEL K
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: EVPS
Name: GRAVELLE, MICHAEL L
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: MADELINE LOVEJOY

AVP

01/23/2012

Electronic Signature of Signing Officer or Director

Date