

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000589

FILED
Mar 13, 2008
Secretary of State

Entity Name: OLD REPUBLIC EXCHANGE FACILITATOR CO.

Current Principal Place of Business:

555 12TH STREET
STE. 1970
OAKLAND, CA 94607 US

New Principal Place of Business:

Current Mailing Address:

400 2ND AVE. S.
MINNEAPOLIS, MN 55401 US

New Mailing Address:

FEI Number: 94-3186495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, SCOTT
100 SOUTH ASHLEY DRIVE
STE. 700
TAMPA, FL 336025300 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE MARTINI, LORI
Address: 555 12TH STREET, STE. 1970
City-St-Zip: OAKLAND, CA 94607

Title: SVPD () Delete
Name: HORN, GARY
Address: 400 2ND AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: CEO () Delete
Name: YEAGER, RANDE
Address: 400 2ND AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: S () Delete
Name: WOLD, DANIEL M
Address: 400 2ND AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VPT () Delete
Name: TARPEY, MICHAEL T
Address: 400 2ND AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: EVPD () Delete
Name: CONNOR, PAT
Address: 141 EAST TOWN STREET, STE. 100
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL T. TARPEY

VPT

03/13/2008

Electronic Signature of Signing Officer or Director

Date