2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000589

Entity Name: OLD REPUBLIC EXCHANGE FACILITATOR CO.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
555 12TH S STE. 1970 OAKLAND,		3			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
400 2ND AV MINNEAPO	/E. S. LIS, MN 55401	US			
FEI Number: 9	94-3186495 F	El Number Applied For() F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PIERCE, SCOTT 100 SOUTH ASHLEY DRIVE STE. 700 TAMPA, FL 336025300 US The above named entity submits this statement for the purpose of			STE. 700 TAMPA, FL 33602	100 SOÚTH ASHLEY DRIVE STE. 700 TAMPA, FL 33602 US	
in the State		mits this statement for the purp	ose of changing its registe	sted office of registered agent, of both,	
SIGNATUR	E:			04/29/2009	
	Electronic S	Signature of Registered Agent		Date	
Election Camp	paign Financing Tru	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Del DE MARTINI, LORI 555 12TH STREET, OAKLAND, CA 946	STE. 1970	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVPD () Del HORN, GARY 400 2ND AVE. S. MINNEAPOLIS, MN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () Del YEAGER, RANDE 400 2ND AVE. S. MINNEAPOLIS, MN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Del WOLD, DANIEL M 400 2ND AVE. S. MINNEAPOLIS, MN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT () Del TARPEY, MICHAEL 400 2ND AVE. S. MINNEAPOLIS, MN	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVPD () Del CONNOR, PAT 141 EAST TOWN S COLUMBUS, OH 4:	TREET, STE. 100	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 TARPEY VPT 04/29/2009