## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004398

Title:

Name:

Address:

City-St-Zip:

SEC

() Delete

40 WEST CHESAPEAKE AVENUE, SUITE 502

WEINSTEIN, HOWARD C

TOWSON, MD 21204

Entity Name: SUMMIT TITLE AND SETTLEMENT COMPANY

FILED Jan 14, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
40 WEST C TOWSON,		AVENUE, SUITE 502				
Current Mailing Address:			New Mailing Address:			
40 WEST C TOWSON,		AVENUE, SUITE 502				
FEI Number:	52-1385194	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State		ubmits this statement for the p	urpose of changing i	its registered office or registered agent, or bo	th,	
SIGNATUR						
	Electronic	Signature of Registered Age	nt	Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WEINSTEIN, HO	APEAKE AVENUE, SUITE 502	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	WEINSTEIN, BRA	APEAKE AVENUE, SUITE 502	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WEINSTEIN, BRA	APEAKE AVENUE, SUITE 502	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition WEINSTEIN, BRAD 40 WEST CHESAPEAKE AVENUE, SUITE 502 TOWSON, MD 21204		

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.

Title:

Name:

Address:

City-St-Zip:

TREA

WEINSTEIN, HOWARD C

TOWSON, MD 21204

(X) Change ( ) Addition

40 WEST CHESAPEAKE AVENUE, SUITE 502

SIGNATURE: HOWARD C. WEINSTEIN PRES 01/14/2009