

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004255

FILED
Jan 05, 2009
Secretary of State

Entity Name: RESOURCE TITLE AGENCY, INC.

Current Principal Place of Business:

7100 EAST PLEASANT VALLEY RD, STE 100
INDEPENDANCE, OH 441315545

New Principal Place of Business:

7100 EAST PLEASANT VALLEY ROAD
SUITE 100
INDEPENDENCE, OH 441315545

Current Mailing Address:

7100 EAST PLEASANT VALLEY RD, STE 100
INDEPENDANCE, OH 441315545

New Mailing Address:

7100 EAST PLEASANT VALLEY ROAD
SUITE 100
INDEPENDENCE, OH 441315545

FEI Number: 34-1433640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RENNELL, RICHARD J
Address: 7100 EAST PLEASANT VALLEY ROAD, #100
City-St-Zip: INDEPENDENCE, OH 441315545

Title: P () Delete
Name: RENNELL, LESLIE C
Address: 7100 EAST PLEASANT VALLEY ROAD, #100
City-St-Zip: INDEPENDENCE, OH 441315545

Title: VP () Delete
Name: RENNELL, ANDREW
Address: 7100 EAST PLEASANT VALLEY ROAD, #100
City-St-Zip: INDEPENDENCE, OH 441315545

Title: S () Delete
Name: HRICIK, TERESA
Address: 7100 EAST PLEASANT VALLEY ROAD, #100
City-St-Zip: INDEPENDENCE, OH 441315545

Title: T () Delete
Name: KOWALL, LISA M
Address: 7100 EAST PLEASANT VALLEY ROAD, #100
City-St-Zip: INDEPENDENCE, OH 441315545

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:

Title: () Change () Addition
Name:
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: TERESA HRICIK

S

01/05/2009

Electronic Signature of Signing Officer or Director

Date