PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90164 010 ***150.00

DOCUMENT # F66031

BENCHMARK TITLE AGENCY, INC.

Principal Place of Business

** UNITED STATES CORPORATION COMPANY
41 SOUTH HIGH STREET SUITE 2600
COLUMBUS OH 43215

Mailing Address

% UNITED STATES CORPORATION COMPANY 41 SOUTH HIGH STREET SUITE 2600

COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						02/04/ 1962		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	1 26					31-1026956	No	Applicable
Suite, Apt. #, etc. Suite, Apt.			#, etc.			5. Certifcate of Status Desired	\$8.75 A	
22	27					o. Certificate of Otatus Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added to	Fees
Zip	Country	Country Zip				8. This corporation owes the current year Ir		
24	25 29					Personal Property Tax.	□Yes	Vo_
	9. Name and Address of Current	t Registered Agent		L_,		10. Name and Address of New Registered	i Agent	
LIMITED CTATES CORROBATION COMMANY					Name			
UNITED STATES CORPORATION COMPANY				82	32 Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYES ST STE. 105					Street Address (1.0. Box Mulliber is Not Acceptable)			
				83				
TALL	AHASSEE FL 32301							
				84	City	Fi	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Sta	tutes, the a	bove	-named corpo	pration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State of	of Florida. Such change was	s authorized	by 1	the corporation	n's board of directors. I hereby accept the appo	ointment as reç	gistered
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, r	-ionga Stati	nes.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if amilicable (NC	TF: Registered	Agen	t signature required	when reinstating) DATE		
12.	OFFICERS AND	`	13.	/ Ngoin	a aignaturo i oquirou	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
TITLE	DV	DELETE	1.1 TI	n F			☐ Change	Addition
NAME	DINGLEDY, JAY R			1.2 NAME				
	41 SOUTH HIGH STREET				1000000			
STREET ADDRESS	COLUMBUS OH 43215			13 STREET ADDRESS				
CITY-ST-ZIP	STD DELETE			1.4 CITY-ST-ZIP			Change	Addition
TITLE				2.1 TITLE		•	Change	
NAME	ZOX, BENJAMIN L			2.2 NAME				
STREET ADDRESS	41 SOUTH HIGH STREET		2.3 S1	REET	ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43215			TY-S	T-ZIP			
TITLE	P DELETE			3.1 TITLE			Change	☐ 'Addition
NAME	TILLIS, JOANN		3.2 NA	ME				
STREET ADDRESS	3816 W LINEBAUGH #102		3.3 \$1	REET	ADORESS			
CITY-ST-ZIP	TAMPA FL 33618		3 4. C	TY-SI	r-ZIP			
TITLE		☐ DELETE	4.1 TI	LΕ	}		☐ Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CF	ry-st	-ZIP		·	
TITLE		☐ DELETE	5.1 ΤΤ	LE.			☐ Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CF	ry-st	-ZIP			
TITLE		☐ DELETE	6.1 TD				Change	Addition
NAME			6.2 NA	ME		•	g+	
					ADDRESS			
STREET ADDRESS					ļ			
CITY-ST-ZIP			6.4 CF	17-81	- 212			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on ap attachment with an address, with all other like empowered.

SIGNATURE:

3-1-99 614 46)

R2E034 (11/98)