2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F66031

1. Entity Name

BENCHMARK TITLE AGENCY, INC.

Principal Place of Business	Mailing Address
41 SOUTH HIGH STREET, SUITE 2600 COLUMBUS OH 43215	41 SOUTH HIGH STREET, SUITE 2600 COLUMBUS OH 43215

MOORE   CR2E034 (11/03)

2. Principal Place of Business	**3.** Mailing Address
250 West Street	250 West Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	**4.** FEI Number	Applied For
Columbus, Ohio	Columbus, Ohio	31-1026956	Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
43215	USA	43215	USA		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name _____ Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DINGLEDY, JAY R		NAME			
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43215		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ZOX, BENJAMIN L		NAME			
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43215		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TILLIS, JOANN		NAME			
STREET ADDRESS	3450 BUSCHWOOD PARK DR., #150		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Jay Dingledy_   2/3/04   614-462-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #