


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F66031		
1. Entity Name BENCHMARK TITLE AGENCY, INC.		
Principal Place of Business 250 WEST STREET COLUMBUS, OH 43215	Mailing Address 250 WEST STREET COLUMBUS, OH 43215	
DO NOT WRITE IN THIS SPACE		

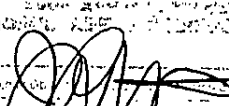


02072008 No Chg-P CR2E034 (11/05)

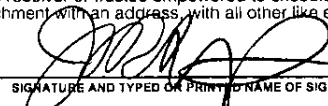
4. FEI Number 31-1026956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000822669 02/20/08-80005-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DINGLEY, JAY R 250 WEST ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIDSON, JAMES E 250 WEST ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLIS, JOANN 3450 BUSCHWOOD PARK DR., #150 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNHART, RICHARD A 250 WEST ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNLAY, CATHERINE T 250 WEST ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DINGLEY 2/7/08 614-462-2214 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>