2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F66031

Title:

Name:

Address:

City-St-Zip:

FILED Dec 17, 2009 Secretary of State

Entity Na	me: BENCHM	MARK TITLE AGENCY, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
250 WEST STREET COLUMBUS, OH 43215			250 WEST STREET SUITE 700 COLUMBUS, OH 432		
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
250 WEST STREET COLUMBUS, OH 43215			250 WEST STREET SUITE 700 COLUMBUS, OH 432		
FEI Number	: 31-1026956	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TALLAHAS The above in the State	S STREET SSEE, FL 323 named entity e of Florida.	submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		RATION SERVICE COMPANY nic Signature of Registered Age	 nt	 Date	
	ce with s. 607.19	(3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().		Suite	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVT (DINGLEDY, JA 250 WEST ST COLUMBUS, C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DAVIDSON, JA 250 WEST ST COLUMBUS, O		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TILLIS, JOANN	OOD PARK DR., #150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (BARNHART, RI 250 WEST ST COLUMBUS, C		Title: Name: Address: City-St-Zip:	() Change () Addition	

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:

SIGNATURE: JAY R. DINGLEDY DVT 12/17/2009

() Delete

DUNLAY, CATHERINE T

COLUMBUS, OH 43215

250 WEST ST

() Change () Addition