

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90182 029 \*\*\*150.00

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**DOCUMENT # F96000000604**

1. Entity Name  
**ADT TITLE HOLDING COMPANY I**



Principal Place of Business  
**222 DELAWARE AVE  
SUITE 900  
WILMINGTON DE 19801**

Mailing Address  
**PO BOX 3038  
BOCA RATON FL 33431-0938  
US**

**901355622**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0373620**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD MOROZE, M. BRIAN ONE TYCO PARK EXETER NH 03833</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT STEVENSON, SCOTT ONE TOWN CENTER ROAD BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOGGESE, JERRY R ONE TOWN CENTER RD. BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FINNEY, GRAY P ONE TOWN CENTER RD. BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBINSON, MICHAEL A ONE TOWN CENTER RD. BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUTIN, IRVING ONE TYCO PARK EXETER NH 03833</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT John E. Evard, Jr. One Town Center Road Boca Raton, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Martina Hund-Mejean 9 West 57<sup>th</sup> St, 43<sup>rd</sup> Fl New York, NY 10019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Brian Moroze 273 Corporate Dr. Suite 100 Portsmouth, NH 03801-6807</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO Timothy E. Flanigan 9 West 57<sup>th</sup> St, 43<sup>rd</sup> Fl New York, NY 10019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** *[Signature]* **REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C

**John E. Evard, Jr.**  
Vice President/ Asst. Treasurer

**4/30/03** **561 998 7823**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90135622

(Untitled)

F96000000604

Position Type	Name	Title
Officer	Hund-Mejean, Martina	Treasurer
Officer	Travis, Patricia J.	Assistant Corporate Secretary
Officer	Stevenson, Scott	Vice President
Officer	Stevenson, Scott	Assistant Treasurer
Officer	Neal, Nancy A.	Assistant Corporate Secretary
Officer	Moroze, M. Brian	Secretary
Director	Lytton, William B.	Director
Officer	Kalogerou, Byron S.	Vice President
Officer	Evard, Jr., John E.	Vice President
Officer	Foley, Mark D.	Vice President
Officer	Flanigan, Timothy E.	Vice President
Director	Flanigan, Timothy E.	Director
Officer	FitzPatrick, David J	Vice President
Officer	Courson, Gardner G.	Vice President
Director	Courson, Gardner G.	Director
Officer	Breen, Edward D.	President
Officer	Evard, Jr., John E.	Assistant Treasurer