
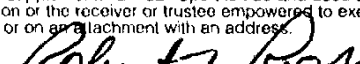


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005291 (6) 1. Corporation Name ALAMO TITLE INSURANCE COMPANY					
Principal Place of Business 10010 SAN PEDRO, STE 800 SAN ANTONIO TX 78216			Mailing Address 10010 SAN PEDRO, STE 800 SAN ANTONIO TX 78216		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-0476580	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD RORK, ROBERT T	500 GENESEO	SAN ANTONIO TX	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	CD STILL, DON H	43 COURTSIDE CIRCLE	SAN ANTONIO TX	1.2 NAME	
	VID STINSON, ALAN L	1110 AUTUMN RIDGE	SAN ANTONIO TX	1.3 STREET ADDRESS	
	VS REDDING, TIMOTHY J	314 FOXHALL LANE	SAN ANTONIO TX	1.4 CITY-ST-ZIP 78209	
	D HALFF, ALEXANDER H	206 SIR ARTHUR CT	SAN ANTONIO TX	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	D LONG, MARILOU M	115 PASEO ENCINAL	SAN ANTONIO TX	2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP 114 Talavera, #1018	
				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP 78258	
				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP 78213	
				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP 206 Sir. Arthur Ct	
				6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP 78212	
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 or 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 an attachment with an address.					
SIGNATURE:  3.18.98 210-360-0156					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)