FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2002 8:00 am DOCUMENT # Secretary of State F98000000350 1. Entity Name 02-01-2002 90028 022 ***150.00 FIRST AMERICAN NATIONAL FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 300 SOUTH ORANGE AVENUE 9637 ARROW ROUTE 1500 ORLANDO FL 32801 RANCHO CUCAMONGA CA 91730 US 2. Principal Place of Business HRROW DO NOT WRITE IN THIS SPACE Applied For 33-0732384 Not Applicable Country \$8.75 Additional Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUGAMAS, REYNALDO Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVENUE **SUITE 1500** ORLANDO FL 32801 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Change ☐ Delete TITLE TITLE VCSD HOLGUIN, ANTOINETTE 5673 BONITH AVENUE NAME NAME HOLGOSN, ANTOINETTE CR2E034 STREET ADDRESS STREET ADDRESS 5673 BONITA AVENUE ANCHO CUCAMONGA, CA 91737 CITY-ST-ZIP CITY-ST-ZIP RANCHO COCAMONGA CA 91737 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND PED OR PRINTED NAME OF S ING OFFICER OR DIRECTOR