

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000426

FILED
Feb 28, 2004
Secretary of State

Entity Name: FIRST AMERICAN TITLE INSURANCE COMPANY OF NORTH CAROLINA

Current Principal Place of Business:

629 GREEN VALLEY ROAD
SUITE 212
GREENSBORO, NC 27408

New Principal Place of Business:

Current Mailing Address:

629 GREEN VALLEY ROAD
SUITE 212
GREENSBORO, NC 27408

New Mailing Address:

FEI Number: 56-0773057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

JANNEN, KENNETH R
13450 W. SUNRISE BLVD
SUITE 300
SUNRISE, FL 33323 US

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: KENNETH R. JANNEN

02/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASBON, JOHN N
Address: 629 GREEN VALLEY ROAD, SUITE 212
City-St-Zip: GREENSBORO, NC 27408

Title: VD () Delete
Name: BAUCHLE, ROBERT E
Address: 629 GREEN VALLEY ROAD, SUITE 212
City-St-Zip: GREENSBORO, NC 27408

Title: V (X) Delete
Name: WEST, SAMUEL E
Address: 629 GREEN VALLEY ROAD, SUITE 212
City-St-Zip: GREENSBORO, NC 27408

Title: S () Delete
Name: ANDRIOLE, JANINE J
Address: 629 GREEN VALLEY ROAD, SUITE 212
City-St-Zip: GREENSBORO, NC 27408

Title: TD () Delete
Name: BAYE, RANDY G
Address: 629 GREEN VALLEY ROAD, SUITE 212
City-St-Zip: GREENSBORO, NC 27408

Title: PD () Delete
Name: JANNEN, KENNETH R
Address: 629 GREEN VALLEY ROAD, SUITE 212.
City-St-Zip: GREENSBORO, NC 27408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOIS, MELVILLE R
Address: 7777 WASHINGTON AVE., SOUTH
City-St-Zip: EDINA, MN 55439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JANNEN, KENNETH R
Address: SUITE 300, 13450 W. SUNRISE BLVD.
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: KENNETH R. JANNEN

PD

02/28/2004

Electronic Signature of Signing Officer or Director

Date