

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000003738

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN TITLE OF THE PALM BEACHES CORPORATION

Current Principal Place of Business:

33 BLOOMFIELD PKWY, STE 200
BLOOMFIELD HILLS, MI 48304

New Principal Place of Business:

4500 PGA BLVD, STE 400
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

33 BLOOMFIELD PKWY, STE 200
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 38-3420070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HATHAWAY, CHARLES H
Address: 4500 PGA BLVD. #400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VT () Delete
Name: ROBINSON, BRUCE E
Address: 33 BLOOMFIELD HILLS PKWY, STE 200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: DVCF () Delete
Name: SMITH, HARMON D
Address: 4500 PGA BLVD #400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP () Delete
Name: SHANNON, WILLIAM E
Address: 4500 PGA BLVD #400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: AS () Delete
Name: ZUKOFF, COLETTE R
Address: 33 BLOOMFIELD HILLS PKWY, STE 200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VS () Delete
Name: STOLLER, JOHN R
Address: 33 BLOOMFIELD HILLS PKWY #200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: COLETTE R ZUKOFF

AS

04/24/2002

Electronic Signature of Signing Officer or Director

Date