


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90022 015 \*\*\*150.00

<b>DOCUMENT # F98000006291</b> 1. Entity Name <b>ATLANTIC TITLE INSURANCE COMPANY OF SOUTH CAROLINA</b>					
Principal Place of Business <b>2711 MIDDLEBURG DR, STE 113 COLUMBIA, SC 29204</b>			Mailing Address <b>P.O. BOX 8627 COLUMBIA, SC 29202</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>57-0575396</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>OXLEY, GREGORY</b> <b>11911 FREEDOM ST, STE 260</b> <b>RESTON, VA 20190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>EMERY, DAVID</b> <b>555 WEST ADMS ST</b> <b>CHICAGO, IL 60661</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>PARIS, PATRICIA Q</b> <b>1301 PICKENS ST</b> <b>COLUMBIA, SC 29201</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>WOOLDRIDGE, JOHN R JR.</b> <b>4425 RANDOLPH RD., STE. 204</b> <b>CHARLOTTE, NC 28211</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST</b> <b>DEALY, MICHAEL</b> <b>5300 BRANDYWINE PKWY, STE 100</b> <b>WILMINGTON, DE 19803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>GAMBILL, HARRY</b> <b>555 WEST ADAMS ST</b> <b>CHICAGO, IL 60661</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/6/07 Date		
<b>JOHN R. WOOLDRIDGE, JR.</b>			704-943-3147 Daytime Phone #		