2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003786

Entity Name: THE RITZ-CARLTON TITLE COMPANY, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
DEPT. 924.	NWOOD ROA 13 4, MD 20817	D				
Current Mailing Address:				New Mailing Address:		
10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817				PO BOX 699 LOUISVILLE, TN 37777		
FEI Number:	52-2182207	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name at					Address of N	New Registered Agent:
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of the State of Florida.				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US of changing its registered office or registered agent, or both,		
in the State of Florida.						
SIGNATURE: KARIN DUNN Electronic Signature of Registered Agent				04/16/2009 Date		
		Trust Fund Contribution ().		ADDITION	SICHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:		Delete EN P OD RD.		Title: Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	V () I PULSE, M. LEST 10400 FERNWO BETHESDA, MD	OD RD.		Title: Name: Address: City-St-Zip:	V (X JORDAN, HOR 10400 FERNW BETHESDA, MI	OOD RD.
Title: Name: Address: City-St-Zip:	S () I BANCROFTSS, 0 10400 FERNWO BETHESDA, MD	OD RD.		Title: Name: Address: City-St-Zip:	S (X BANCROFT, G 10400 FERNW BETHESDA, MI	OOD RD.
Title: Name: Address: City-St-Zip:	AS () I BENZ, NANCY L 10400 FERNWO BETHESDA, MD			Title: Name: Address: City-St-Zip:	AS (X FLOYD, LAURA 1965 MARRIOT LOUISVILLE, T	IT DR
Title: Name: Address: City-St-Zip:	AS (X) STANT, JEFF 10400 FERNWO BETHESDA, MD			Title: Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	T () I HANDLON, CARO 10400 FERNWO BETHESDA, MD	OD ROAD		Title: Name: Address: City-St-Zip:	()) Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA L FLOYD AS 04/16/2009