

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

184

<b>DOCUMENT # G73392</b> 1. Entity Name <b>CENTRAL FLORIDA TITLE COMPANY</b>				 AFFIDAVIT AND FILED  06 JUL 18 PM 4:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 3001 LEADENHALL ROAD MOUNT LAUREL NJ 08054				Mailing Address 1 CAMPUS DRIVE PARSIPPANY NJ 07054 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number: <b>59-2352072</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when not dated)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BUCKMAN, JAMES E 9 WEST 5TH STREET, 37TH FLOOR NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100077678811 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUBER, JOSEPH J 1 CAMPUS DRIVE PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SMITH, RICHARD A 1 CAMPUS DRIVE PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Richard A Smith 1 Campus Drive Parsippany NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BOCK, ERIC J 9 W. 57TH ST-37TH FLOOR NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY NJ 07054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Joseph J Huber</u> <span style="float: right;">4/26/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

## Central Florida Title Company

### Officers

#### **Gary DeChellis**

Primary Address: 3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **President**

#### **Steven L. Barnett**

Primary Address: 339 Jefferson Road  
Parsippany, NJ 07054

#### **Senior Vice President**

#### **Michael P. Gozdan**

Primary Address: 3001 Leadenhall Road  
Mt. Laurel, NJ 08054

#### **Senior Vice President, General Counsel and Assistant Secretary**

#### **E. Neil Gulley**

Primary Address: 3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **Senior Vice President and Chief Financial Officer**

Primary Address:

3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **Gregory W. Hunt**

Primary Address: 339 Jefferson Road  
Parsippany, NJ 07054

#### **Senior Vice President**

#### **John T. McClain**

Primary Address: 1 Campus Drive  
Parsippany, NJ 07054

#### **Senior Vice President**

#### **Richard S. Meisner**

Primary Address: 1 Campus Drive  
Parsippany, NJ 07054

#### **Senior Vice President and Assistant Secretary**

#### **Tom Rispoli**

Primary Address: 3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **Senior Vice President and Chief Financial Officer**

#### **Nancy Seabold**

Primary Address: 3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **Senior Vice President**

#### **Ross D. Anthony**

Primary Address: 3001 Leadenhall Road  
Mount Laurel, NJ 08054

#### **Vice President**

294

66013833

#G 73392

ATTACHMENT

66013833  
#G73392

3 of 4

**Mark E. Costello**

**Vice President and Assistant Secretary**

Primary Address:

1 Campus Drive  
Parsippany, NJ 07054

**Lynn A. Feldman**

**Vice President and Assistant Secretary**

Primary Address:

1 Campus Drive  
Parsippany, NJ 07054

**Tim Fitzsimmons**

**Vice President and Controller**

Primary Address:

3001 Leadenhall Road  
Mount Laurel, New Jersey 08054

**Daniel J. Happer**

**Vice President**

Primary Address:

307 International Circle  
Hunt Valley, MD 21030

**Richard S. Meisner**

**Vice President and Assistant Secretary**

Primary Address:

1 Campus Drive  
Parsippany, NJ 07054

**Kevin Monaco**

**Vice President and Assistant Treasurer**

Primary Address:

1 Campus Drive  
Parsippany, NJ 07054

**Walter Mullen**

**Vice President**

Primary Address:

3001 Leadenhall Road  
Mount Laurel, New Jersey 08054

**Jean Marie Sera**

**Vice President and Assistant Secretary**

Primary Address:

1 Campus Drive  
Parsippany, NJ 07054



CORPORATION SERVICE COMPANY

4084

ACCOUNT NO. : 072100000032

REFERENCE : 245316 7155110

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 550.00

ORDER DATE : July 17, 2006

ORDER TIME : 2:06 PM

ORDER NO. : 245316-010

CUSTOMER NO: 7155110

ANNUAL REPORT FILING

NAME: CENTRAL FLORIDA TITLE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: *[Signature]*

7/18/06

RECEIVED  
06 JUL 18 PM 2:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA