FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90187 043 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034827

1. Entity Name

ADNORAM TITLE COMPANY, LLC

DO NOT WRITE IN THIS SPACE

44002156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 WEST FIRST STREET	200 WEST FIRST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD, FL
Zip: 32771 Country: USA	Zip: 32771 Country: USA

4. FEI Number: 76-0721868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VON DREELE, WAYNE J.

Street Address (P.O. Box Number is Not Acceptable): 411 CENTRAL PARK DRIVE

City: SANFORD FL Zip Code: 32771

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: [signature] 4/15/03

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	D/P
NAME	HEINLE, RUSSELL
STREET ADDRESS	200 WEST 1ST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D/S/T
NAME	WOLF, RONALD W.
STREET ADDRESS	202 PARK WEST DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15275
TITLE	VP
NAME	VON DREELE, WAYNE J.
STREET ADDRESS	411 CENTRAL PARK DR.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/16/03 (412) 788-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #