

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000265

Entity Name: FIRST PLACE TITLE, LLC

FILED  
Mar 14, 2007  
Secretary of State

**Current Principal Place of Business:**

3001 LEADENHALL ROAD  
MOUNT LAUREL, NJ 08054

**New Principal Place of Business:**

**Current Mailing Address:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number: 20-0588510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CSSG AFFILIATE HOLDI, NGS, INC.  
Address: 3001 LEADENHALL ROAD  
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: APEX REAL ESTATE INF, ORMATION SERVI C ES, LLP  
Address: 3001 LEADENHALL ROAD  
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: SVP ( ) Change (X) Addition  
Name: HUBER, JOSEPH J  
Address: 1 CAMPUS DRIVE  
City-St-Zip: PARSSIPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH J. HUBER ON BEHALF OF MANAGER

SVP

03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date