2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

FILED 2006 APR -7 PM 2: 28 **DOCUMENT # M05000003918** 1. Entity Name LENDERS RESOURCE ABSTRACT AGENCY L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 2 VETERANS SQUARE 2 VETERANS SQUARE MEDIA PA 19063-3191 MEDIA, PA 19063-3191 2. Principal Place of Business 3. Mailing Address 2831 Banksville Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Pittsburgh, Not Applicable 90-0067408 ^{Zip} 15216 Country Zlρ Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 Sgnature, typed or printed name of registered agent and life 4 applicable. (NOTE: Registered Agent eignature required when reinstating) Makelcheck payable to Foricat laplatment of state Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TTLE TITLE ABSTRACT COMPANY OF PENNSYLVANIA NAME 700070445097 STREET ADDRESS 2 VETERNS SQUARE STREET ATMIRESS 04/14/06--01024--006 ***50.00 CITY-ST-78P MEDIA, PA 190633191 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-7P TITO F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DTY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition | WALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP 11. 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 is true and accurate and that my signature shall have the same logal 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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MOSUUUU 3918 Power of Attorney

NOTICE IS HEREBY GIVEN THAT T.A. Title Insurance Company
("Corporation"), a corporation incorporated under the laws of Pennsylvania
does hereby appoint Mary Belton, Donald Garner, Amy Ehnes and Patrick McGrath as
attorney-in-fact for the Corporation to act for the Corporation and affiliates and subsidiaries of
the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the
Subsidiaries") in the Corporation's and Subsidiaries' names for the limited purposes authorized
herein.
The Corporation and Subsidiaries, having taken all necessary steps to authorize the
changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file
annual reports, annual registrations, and forms of similar import on behalf of the Corporation and
Subsidiaries in any state and the District of Columbia.
This Power of Attorney expires when revoked by the Corporation or Subsidiaries.
IN WITNESS BILLEDEGE the made dead to the latter of the la
IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the
2/5+ day of February 2006.
J
Jaichele Rist
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7.5
Sworn to and subscribed before me
this <u>21st</u> of <u>tel</u> , 2006
Notary Public, State of 1/2 1/2 2
Commission Expires:
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Notarial Seal Eilean P. Dever, Notary Public Haverford Twp., Delaware County My Commission Expires Sept. 27, 2008