2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

ANNUAL REPORT										
DOCUMENT # M0500005093 1. Entity Name USA ESCROW CO., LLC					2006 APR -7 PM 2: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 2 VETERANS WAY, 2ND FLOOR MEDIA, PA 19063		Mailing Address 2 VETERANS WAY, 2ND FLOOR MEDIA, PA 19063								
2. Principal Place of Business 2831 Banksville Road		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312006	Chg-LLC	CR2E083 (11/05)		
City & State Pittsburgh, PA		City & State			4. FEI Numbe	61984		_	plied For Applicable	
^{Zip} 1521		Zip	p Count		5. Certificate	of Status Desired		00 Addi Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name							
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324		Street Addre			s (P.O. Box Number is Not Acceptable)				
				City	·········		FL	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										
Filling Fee is \$50:00 Due by May 1, 2006 ***Florida Papartment of State										
₽,	MANAGING MEMBE	·	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	onici			E T Et adoress 2	MGR ☐ Change ☐ Addition : TITLE ABSTRACT COMPANY OF PENNSYLVANIA 2 VETERANS SQUARE MEDIA, PA 19063					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			 n4Ži	00070 4/06010	_	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delsta	CITY	e et adoress - St-Zip	•			Change	Addition	
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 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: 4/3/06 SIGNATURE AND TYPED OR PUNTED PANCE OF BIGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAME OF BIGING PROPER										

MU5UUUUU5093

NOTICE IS HEREBY GIVEN	N THAT T.A. Title Insurance Company							
("Corporation"), a corporation incorporated	I under the laws of Pennsylvania							
does hereby appoint Mary Belton, Dona	ald Garner, Amy Ehnes and Patrick McGrath as							
attorney-in-fact for the Corporation to act for	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 Sub-	sidiaries' names for the limited purposes authorized							
herein.								
The Corporation and Subsidiaries, I	having taken all necessary steps to authorize the							
changes, hereby grants it's attorney-in-fact the	he 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 WHEREOF the undersigned have executed this Power of Attorney on the								
2/5+ day of February 2006	5 .							
8								
	10:00 D:14							
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	4							
	20 S IA							
Sworn to and subscribed before me	V /							
his 2/st of Let 2006	TYL RETARE TO							
, 2000	SERY SERY							
Notary Public, State of PA	/b 10 PF P M							
Commission Expires:	- Para Hur 2 2 0							
	- pun V W IDA 28							
Notarial Seal Eileen P. Dever, Notary Public								
I Havelford [Wo., Delaware County								
My Commission Expires Sept. 27, 201	06 }							