

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000529

FILED
Jan 15, 2009
Secretary of State

Entity Name: TTCS-USA TITLE HOLDING CORPORATION

Current Principal Place of Business:

2100 THOMASVILLE RD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2100 THOMASVILLE RD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3615022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNISON, SEAN
2100 THOMASVILLE RD
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAUGHLIN, KAREN
Address: 814 DEVON DR.
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: WELSHOFER, GRETCHEN
Address: 4025 DUVAL RD., APT. #2332
City-St-Zip: AUSTIN, TX 78759 US

Title: P () Delete
Name: EDWARDS, JANE
Address: 1 FOOTHILL ROAD
City-St-Zip: FREEVILLE, NY 13068 US

Title: T () Delete
Name: BELL, VIRGINIA
Address: 1202 SANDHURST DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DENNISON, SEAN
Address: 2100 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ROLL, THERESA
Address: 1060 BANNOCK ST.
City-St-Zip: DENVER, CO 80204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PEARCE, ALLEN
Address: 6525 NE 36TH AVE.
City-St-Zip: PORTLAND, OR 97211 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE EDWARDS

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date