

PLEASE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00315 (2)

1. Corporation Name
FIRST AMERICAN REAL ESTATE INFORMATION SERVICES,
INC.

Principal Place of Business
150 SECOND AVENUE, N
SUITE 1800
ST. PETERSBURG FL 33701
US

Mailing Address
150 SECOND AVENUE, N
SUITE 1800
ST. PETERSBURG FL 33701-3343
US



3. Date Incorporated or Qualified
12/16/1983

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
05-3881518

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	NALLATHAMBI, ANAND K.	
STREET ADDRESS	150 SECOND AVENUE, N. SUITE 1800	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	CRAIG, ZINDA	
STREET ADDRESS	150 SECOND AVENUE, NORTH, SUITE 1800	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HERKENHOFF, H. JOHN	
STREET ADDRESS	150 SECOND AVENUE, NORTH, SUITE 1800	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LONG, JOHN W.	
STREET ADDRESS	150 SECOND AVENUE, NORTH, SUITE 1800	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, MARK D.	
STREET ADDRESS	5615 HIGHPOINT DRIVE, SUITE 1000	
CITY- ST- ZIP	IRVING TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3570 Camino Del Rio North, Suite 300
1.4 CITY- ST- ZIP	San Diego, CA 92108
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zinda, Craig
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TVD
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Craig J. Zinda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Craig J. Zinda

1/23/97
Date

(813) 895-4915
Daytime Phone #

0872022

CR2E034 (9/96)