2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00315 1. Entity Name FIRST AMERICAN REAL ESTATE INFORMATION SERVICES. 4-04-2001 90145 031 ***150.00 Principal Place of Business Mailing Address 150 SECOND AVENUE. N 150 SECOND AVENUE, N SUITE 1600 SUITE 1600 C0042220 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 8435 Stemmons Fwy 1 First American Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-3881518 Not Applicable Dallas, TX <u>Santa Ana, C</u>A Zip 75247 Country \$8.75 Additional 5. Certificate of Status Desired USA 92707 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME CASPERSON, CURT STREET ADDRESS STREET ADDRESS 12395 FIRST AMERICAN WAY CITY-ST-ZIP CITY-ST-ZIP POWAY CA 92064 ☐ Delete ☐ Change ☐ Addition TITI F SDV TITI F ZINDA, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 150 SECOND AVENUE, NORTH, SUITE 1600 CITY-ST-7IP ST. PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME LAMSON, JOHN C. ... NAME ... STREET ADDRESS 150 SECOND AVENUE, NORTH, SUITE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete ☐ Addition TITLE TITLE NAME LONG, JOHN W. NAME STREET ADDRESS 150 SECOND AVENUE, NORTH, SUITE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>ST. PETERSBURG FL</u> TITLE VCD) ☐ Delete TITLE ☐ Change ☐ Addition NAME REPPERT, JOSEPH R NAME STREET ADDRESS STREET AODRESS 150 2ND AVE NORTH STE 1600 CITY-ST-ZIP CITY-ST-7/P SAINT PETERSBURG FL 33701 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Craig J. Zinda

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: