

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P00315



Mailing Address  
1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

01262005 Chg-P CR2E034 (10/03)

4. FEI Number  
95-3881518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (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 \_\_\_\_\_

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**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DEVP	<input type="checkbox"/> Delete
NAME	SHERAKAS, WILLIAM J	
STREET ADDRESS	11902 BURNET ROAD	
CITY-ST- ZIP	AUSTIN, TX 79758	

TITLE	VC/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Joseph R. Reppert		
STREET ADDRESS	8435 N. Stemmons Freeway		
CITY, ST, ZIP	Dallas, TX 75247		

TITLE	SDV	<input type="checkbox"/> Delete
NAME	ZINDA, CRAIG	
STREET ADDRESS	150 SECOND AVENUE, NORTH, SUITE 1600	
CITY - ST - ZIP	ST. PETERSBURG, FL	

TITLE	SVP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lucy Przybyla		
STREET ADDRESS	8435 N. Stemmons Freeway		
CITY-ST-ZIP	Dallas, TX 75247		

TITLE	TD	<input type="checkbox"/> Deleted
NAME	LAMSON, JOHN C	
STREET ADDRESS	150 SECOND AVENUE, NORTH, SUITE 1600	
CITY - ST - ZIP	ST. PETERSBURG, FL 33701	

TITLE	SVP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert Douglass		
STREET ADDRESS	11902 Burnet Road		
CITY-ST-ZIP	Austin, TX 78758		

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNEDY, PARKER S	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY - ST - ZIP	SANTA ANA, CA 92707	

TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kathleen M. Collins		
STREET ADDRESS	1 First American Way		
CITY-ST-ZIP	Santa Ana, CA 92707		

TITLE	DEVP	<input type="checkbox"/> Delete
NAME	SANDO, BARRY M	
STREET ADDRESS	8435 N. STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS, TX 75247	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	VD	<input checked="" type="checkbox"/> Deleted
NAME	GILMORE, DENNIS J	
STREET ADDRESS	5601 E LA PALMA AVENUE	
CITY-ST-ZIP	ANAHEIM, CA 92807	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kathleen M. Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213105

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_