

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90324 010 \*\*\*150.00

**DOCUMENT # P00315**

1. Entity Name  
**FIRST AMERICAN REAL ESTATE INFORMATION SERVICES, INC.**



Principal Place of Business  
**8435 STEMMONS PWY  
DALLAS TX 75247  
US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **CASPERSON, CURT**  
CITY-ST-ZIP **12395 FIRST AMERICAN WAY  
POWAY CA 92064**

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

TITLE ☐ Delete  
NAME **SDV**  
STREET ADDRESS **ZINDA, CRAIG**  
CITY-ST-ZIP **150 SECOND AVENUE, NORTH, SUITE 1600  
ST. PETERSBURG FL**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LAMSON, JOHN C**  
CITY-ST-ZIP **150 SECOND AVENUE, NORTH, SUITE 1600  
ST. PETERSBURG FL 33701**

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **LONG, JOHN W.**  
CITY-ST-ZIP **150 SECOND AVENUE, NORTH, SUITE 1600  
ST. PETERSBURG FL**

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

TITLE ☐ Delete  
NAME **VCD**  
STREET ADDRESS **REPPERT, JOSEPH R**  
CITY-ST-ZIP **150 2ND AVE NORTH STE 1600  
SAINT PETERSBURG FL 33701**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **GILMORE, DENNIS J**  
CITY-ST-ZIP **5601 E LA PALMA AVENUE  
ANAHEIM CA 92807**

TITLE ☐ Change ☐ 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* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2003

(800) 854-3643

Date

Daytime Phone #

CR2E034 (10/02)