

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117346

FILED
Apr 11, 2011
Secretary of State

Entity Name: LPS VERIFICATION BUREAU, INC.

Current Principal Place of Business:

247 SW 8 STREET
SUITE 147
MIAMI, FL 331303513

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 01-0557789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO
Name: CARBIENER, JEFFREY S
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEVP
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: TSVP
Name: ALVARADO, JENNIFER F
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPAS
Name: HALEY, COLLEEN E
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: SCHEUBLE, DANIEL T
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN E. HALEY

VPAS

04/11/2011

Electronic Signature of Signing Officer or Director

Date