PQ1648

Lawyers Title Insurance Orporation

NATIONAL HEADQUARTERS P. O. BOX 27567 RICHMOND, VIRGINIA 23261-7567

FORWARDING AND ADDRESS CORRECTION REQUESTED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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	2	(Corporation Name)			(Document #)		
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	Domestication Dissolution/Withdrawal			/Withdrawal			
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			Other				

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of VIRGINIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: DATATRA	CE INFORMATION SERVICES COMPANY, INC.
1b. The mailing address of the corporation is	: 6630 W. BROAD STREET RICHMOND, VA 23230
1c. Date of incorporation: 3/1/84	P01648 69 200 Document number: _84031_0581
2. The name and address of the current reg	istered agent and office:
Anne Beckmann	· ·′
10500 University Center	Drive, Suite 200
Tampa FL 33612	
3. The name and address of the new registers	ed agent and office:(P.O. Box Not Acceptable)
Robert W. BonEnfant	
290 NE Third Avenue	
Ft. Lauderdale, FL 3330	1
	nd the street address of the business office of its
Such change was authorized by resolution du so authorized by the board.	ly adopted by its board of directors or by an office
Sindrette of the office of the board	. 1/15/97 (Date)
(Signature of the officer chairman of the board)	(Datt)
JOHN M. CARTER, SECRETARY	
(Printed or typed name and tide) Having been named as registered agent and corporation, I hereby accept the appointment I further agree to comply with the provision performance of my duties, and I am familia registered agent.	d to accept service of process for the above stated as registered agentand agree to act in this capacity s of all statutes relative to the proper and complete or with and accept the obligation of my position as
KW Bush	Jacobs
(Signature of Registered Agorit)	(Date)
If signing on behalf of an entity:	·
. The state of the	
(Typed or Printed Name)	(Capacity)). Bo× 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

(4884)

CR2E045(11/94)