

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90049 038 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01648**

1. Corporation Name **DATATRACE INFORMATION SERVICES COMPANY  
LANDAMERICA INFORMATION COMPANY**

**Principal Place of Business**

6630 W BROAD ST.  
P. O. BOX 6926  
RICHMOND VA 23230

**Mailing Address**

6630 W BROAD ST.  
P. O. BOX 6926  
RICHMOND VA 23230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1984

4. FEI Number

54-1268834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 101 Gateway Centre Pkwy

2a. Mailing Address

26 101 Gateway Centre Pkwy

Suite, Apt. #, etc.

22 Gateway One

Suite, Apt. #, etc.

27 Gateway One

City & State

23 Richmond, VA

City & State

28 Richmond, VA

Zip

24 23235-5153

Country

25 USA

Zip

29 23235-5153

Country

30 USA

9. Name and Address of Current Registered Agent

SLOAN, LINTON F JR.  
100 N. TAMPA ST  
STE. 2050  
FT. LAUDERDALE FL 33620

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, CHARLES H. JR.	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM G.	
STREET ADDRESS	6630 W BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEBER, JOHN D	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALPERT, JANET A.	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, R.K. JR.	
STREET ADDRESS	6630 W BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PALMER, ROBERT J	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOSTER, CHARLES H. JR.	
1.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
1.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVANS, G. WILLIAM	
2.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
2.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEBER, JOHN D.	
3.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
3.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALPERT, JANET A.	
4.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
4.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, R. K. JR.	
5.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
5.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
6.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PALMER, ROBERT J.	
6.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
6.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804.267.8000

Daytime Phone #

CR2E034 (1/98)