
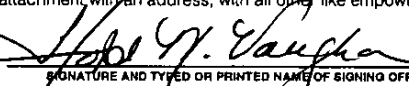


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90216 013 \*\*\*150.00

<b>DOCUMENT # P01648</b> 1. Entity Name <b>LANDAMERICA COMMERCIAL SEARCH SERVICES COMPANY</b>					
Principal Place of Business <b>101 GATEWAY CENTER PARKWAY GATEWAY ONE RICHMOND, VA 23235-5153</b>			Mailing Address <b>101 GATEWAY CENTER PARKWAY GATEWAY ONE RICHMOND, VA 23235-5153</b>		
2. Principal Place of Business - No P.O. Box # <b>5600 Cox Road</b>		3. Mailing Address <b>5600 Cox Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Glen Allen, VA</b>		City & State <b>Glen Allen, VA</b>		4. FEI Number <b>54-1268834</b>	
Zip <b>23060</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLOAN, F. LINTON 201 SOUTH ORANGE AVENUE SUITE 1350 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SELBY, JEFFREY D. 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, G WILLIAM 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBER, JOHN D 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Hope M. Vaughan 5600 Cox Road Glen Allen, VA 23060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT RAMOS, RONALD B 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD CONNOR, STEPHEN M 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 S. LaSalle St., Suite 2500 Chicago, IL 60603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAUGHAN, JEFFREY D 101 GATEWAY CTR PKWY GATEWAY ONE RICHMOND, VA 232355153		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Hope M. Vaughan</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-24-2007</b> Daytime Phone # <b>(804) 267-8697</b>		