2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025696

Entity Name: MASON TITLE INSURANCE COMPANY. INC

FILED Mar 05, 2007 Secretary of State

Entity Nar	ne: MASON I	TITLE INSURANCE COMPAI	NY, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
39 SOUTH LASALLE STE 620 CHICAGO, IL 60603				1408 N. WEST SHORE BLVD SUITE 110 TAMPA, FL 33607				
Current Mailing Address:				New Mailing Address:				
39 SOUTH CHICAGO	I LASALLE STI , IL 60603		1408 N WEST SHORE BLVD SUITE 110 TAMPA, FL 33607					
FEI Number:	04-3845578	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate	e of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Regi	stered Agent:	
	DAVE DRE ROAD ST TE SPRINGS,		HIMES, RICHARD H 1408 N. WEST SHORE BLVD SUITE 110 TAMPA, FL 33607 US					
	named entity s of Florida.	submits this statement for the	purpose of	changing it	ts registered o	office or re	gistered agent, or	both,
SIGNATUR	RE: RICHARE		03/05/2007					
	Electron	ic Signature of Registered A	gent				ate	
Election Can	npaign Financing	g Trust Fund Contribution ().						
OFFICERS	S AND DIREC		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () BAUMGART, JO 26539 N MIDDL MUNDELEIN, IL	ETON PKWY		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () BAUMGART, SI 26539 N MIDDL MUNDELEIN, IL	ETON PKWY		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () BAUMGART, EF 3660 186TH ST LANSING, IL 6	UNIT 304		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () DIGNAM, PATR 9405 SONORA BRENTWOOD,			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	D () HIMMES, RICH	Delete ARD		Title: Name:	D (X HIMES, RICHA	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

20107 HERITAGE POINT DRIVE

TAMPA, FL 33607

SIGNATURE: RICHARD H HIMES JR MR 03/05/2007

835 ALLEN LAKE LANE

City-St-Zip: SUWANNEE, GA 30024

Address: