## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000123022

Entity Name: CT TITLE CORP.

FILED Apr 02, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1901 W. CYPRESS CREEK ROAD 6300 N.E. 1ST AVENUE

SUITE 415 SUITE 202

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33334

Current Mailing Address: New Mailing Address:

1901 W. CYPRESS CREEK ROAD 6300 N.E. 1ST AVENUE

SUITE 415 SUITE 202

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33334

FEI Number: 41-2215319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SADER, ROBERT L
1901 W. CYPRESS CREEK ROAD
SADER, ROBERT L
6300 N.E. 1ST AVENUE

SUITE 415 SUITE 202

FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33334 US

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: 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: LEMAIRE, MICHAEL R
Address: 1901 W. CYPRESS CREEK ROAD SUITE 415
Address: 6300 N.E. 1ST AVENUE. SUITE 202

Address: 1901 W. CYPRESS CREEK ROAD SUITE 415 Address: 6300 N.E. 1ST AVENUE, SUITE 202 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33334

 $\label{eq:title: VS (X) Change () Addition} \begin{tabular}{ll} Title: & VS & (X) Change () Addition \\ \end{tabular}$ 

Name: SADER, ROBERT L Name: SADER, ROBERT L

Address: 1901 W. CYPRESS CREEK ROAD SUITE 415 Address: 6300 N.E. 1ST AVENUE, SUITE 202 City-St-Zip: FOR LAUDERDALE, FL 33309 City-St-Zip: FOR LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MICHAEL R. LEMAIRE P 04/02/2009