

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000078947

FILED
May 01, 2009
Secretary of State**Entity Name:** USA TITLE INSURANCE HOLDINGS, INC.**Current Principal Place of Business:**401 FAIRWAY DRIVE
SUITE 100
DEERFIELD BEACH, FL 33441**New Principal Place of Business:**55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432**Current Mailing Address:**401 FAIRWAY DRIVE
SUITE 100
DEERFIELD BEACH, FL 33441**New Mailing Address:**P.O. BOX 670985
CORAL SPRINGS, FL 33067**FEI Number:** 26-0565002**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUSH, DARYL
401 FAIRWAY DRIVE
SUITE 101
DEERFIELD BEACH, FL 33441 US**Name and Address of New Registered Agent:**WOOLEY, DEREK
1555 PALM BEACH LAKES BLVD
SUITE 1510
WEST PALM BEACH, FL 33401 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: DEREK WOOLEY

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CAMILLERI, MICHAEL
Address: 401 FAIRWAY DRIVE, SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: CEO () Delete
Name: CAMILLERI, MICHAEL
Address: 401 FAIRWAY DRIVE, SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: BLANTON MUNSEY, STEPHANIE
Address: PO BOX 98
City-St-Zip: COLUMBIA, SC 29202

Title: AS () Delete
Name: GREEN, MELINDA
Address: 401 FAIRWAY DRIVE, SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CAMILLERI, MICHAEL
Address: P.O. BOX 670985
City-St-Zip: CORAL SPRINGS, FL 33067

Title: CEO (X) Change () Addition
Name: CAMILLERI, MICHAEL
Address: P.O. BOX 670985
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: GREEN, MELINDA
Address: P.O. BOX 670985
City-St-Zip: CORAL SPRINGS, FL 33067

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 CAMILLERI

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date