

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90073 049 \*\*\*150.00

**DOCUMENT # P07949**

1. Entity Name

**TRANSNATION TITLE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

234 N. CENTRAL AVE.  
 STE 670  
 PHOENIX AZ 85004  
 US

101 GATEWAY CNTR. PKWY  
 GATEWAY ONE  
 RICHMOND VA 23235  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0719450**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITAL  
 TALLAHASSEE FL 32301**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALPERT, JANET A	
STREET ADDRESS	101 GATEWAY CENTRE PKWY	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	RAMOS, RONALD B	
STREET ADDRESS	101 GATEWAY CENTRE PKWY	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, CHARLES H JR	
STREET ADDRESS	101 GATEWAY CENTRE PKWY	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENDER, HERBERT	
STREET ADDRESS	101 GATEWAY CENTRE PKWY	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	KOSHORK, DAVID W	
STREET ADDRESS	1200 SIXTH AVE STE 100	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PERRINE, CHADWICK W	
STREET ADDRESS	101 GATEWAY CENTRE PKWY	
CITY-ST-ZIP	RICHMOND VA 23235	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEVP CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. William Evans	
STREET ADDRESS	101 Gateway Cntr PKWY, Richmond Va 23235	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)