

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90277 020 ***150.00

DOCUMENT # P07949

1. Entity Name
TRANSNATION TITLE INSURANCE COMPANY



Principal Place of Business
**234 N. CENTRAL AVE.
STE 670
PHOENIX AZ 85004
US**

Mailing Address
**101 GATEWAY CNTR. PKWY
GATEWAY ONE
RICHMOND VA 23235
US**

2. Principal Place of Business
**1850 North Central Ave.
Suite, Apt. #, etc.
Suite 1210**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Phoenix, Arizona

City & State

4. FEI Number **86-0719450**

Applied For
Not Applicable

Zip
85004

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	DEVP	<input type="checkbox"/> Delete
NAME	EVANS, G WILLIAMS	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Director & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director and CFO	<input checked="" 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	Sr. Vice President and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chadwick Perrine* **REQUIRED** Chadwick Perrine

2/10/2003

(804) 267-8317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)