**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1997 8:00 am
Secretary of State

DOCUMENT # **P11891** **(9)**

1. Corporation Name
**FIDELITY NATIONAL TITLE INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 17911 VON KARMAN<br>SUITE 300<br>IRVINE CA 92714<br>US | 17911 VON KARMAN<br>SUITE 300<br>IRVINE CA 92614-6253<br>US |

3. Date Incorporated or Qualified: 10/23/1986
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 86-0417131 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**
THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PDC | ☐ DELETE |
| NAME | FOLEY, WILLIAM P. II | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | |
| CITY-ST-ZIP | IRVINE CA | |
| TITLE | VD | ☐ DELETE |
| NAME | WILLEY, FRANK P. | |
| STREET ADDRESS | 17911 VON KARMAN, STE 500 | |
| CITY-ST-ZIP | IRVINE CA | |
| TITLE | VS | ☒ DELETE |
| NAME | HUNT, CYNTHIA J. | |
| STREET ADDRESS | 2390 E CAMELBACK #315 | |
| CITY-ST-ZIP | PHOENIX AZ | |
| TITLE | VTD | ☐ DELETE |
| NAME | STRUNK, CARL A. | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | |
| CITY-ST-ZIP | IRVINE CA | |
| TITLE | D | ☐ DELETE |
| NAME | QUIRK, RAYMOND R. | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | |
| CITY-ST-ZIP | IRVINE CA | |
| TITLE | S | ☐ DELETE |
| NAME | M'LISS JONES KANE | |
| STREET ADDRESS | 17911 VON KARMAN STE 300 | |
| CITY-ST-ZIP | IRVINE CA | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | DCEO | ☒ Change ☒ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | Irvine, CA 92614 | |
| 2.1 TITLE | DEVP | ☒ Change ☒ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | Irvine, CA 92614 | |
| 3.1 TITLE | DP | ☐ Change ☒ Addition |
| 3.2 NAME | Patrick F. Stone | |
| 3.3 STREET ADDRESS | 3938 State Street, 2nd Floor | |
| 3.4 CITY-ST-ZIP | Santa Barbara, CA 93105 | |
| 4.1 TITLE | | ☒ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | Irvine, CA 92614 | |
| 5.1 TITLE | | ☒ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 3938 State Street, 2nd Floor | |
| 5.4 CITY-ST-ZIP | Santa Barbara, CA 93105 | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** M'Liss Jones Kane, Secretary — 1/16/97 — (714) 622-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

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THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature may be required on restating. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDC ☐ DELETE | 1.1 TITLE | DCEO ☒ Change ☒ Addition |
| NAME | FOLEY, WILLIAM P. II | 1.2 NAME | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVINE CA | 1.4 CITY-ST-ZIP | Irvine, CA 92614 |
| TITLE | VD ☐ DELETE | 2.1 TITLE | DEVP ☒ Change ☒ Addition |
| NAME | WILLEY, FRANK P. | 2.2 NAME | |
| STREET ADDRESS | 17911 VON KARMAN, STE 500 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVINE CA | 2.4 CITY-ST-ZIP | Irvine, CA 92614 |
| TITLE | VS ☒ DELETE | 3.1 TITLE | DP ☐ Change ☒ Addition |
| NAME | HUNT, CYNTHIA J. | 3.2 NAME | Patrick F. Stone |
| STREET ADDRESS | 2390 E CAMELBACK #315 | 3.3 STREET ADDRESS | 3938 State Street, 2nd Floor |
| CITY-ST-ZIP | PHOENIX AZ | 3.4 CITY-ST-ZIP | Santa Barbara, CA 93105 |
| TITLE | VTD ☐ DELETE | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | STRUNK, CARL A. | 4.2 NAME | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVINE CA | 4.4 CITY-ST-ZIP | Irvine, CA 92614 |
| TITLE | D ☐ DELETE | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | QUIRK, RAYMOND R. | 5.2 NAME | |
| STREET ADDRESS | 17911 VON KARMAN, STE. 500 | 5.3 STREET ADDRESS | 3938 State Street, 2nd Floor |
| CITY-ST-ZIP | IRVINE CA | 5.4 CITY-ST-ZIP | Santa Barbara, CA 93105 |
| TITLE | S ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | M'LISS JONES KANE | 6.2 NAME | |
| STREET ADDRESS | 17911 VON KARMAN STE 300 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVINE CA | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do hereby certify that the information contained 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 annual report or supplemental annual 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 12 or 13 of Block 13. If changed, or an addition, it is with an address.

SIGNATURE: M'Liss Jones Kane, Secretary 1/16/97 (714) 622-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR