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 SUITE 300 IRVINE CA 92714 US	17911 VON KARMAN SUITE 300 IRVINE CA 92614-6253 US

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

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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

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

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 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 SIGNATURE REQUIRED
M'Liss Jones Kane, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97
Date

(714) 622-4326
Daytime Phone #

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

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THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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SIGNATURE _____ DATE
(Required when reinstating) NOTE: Registered Agent signature required when reinstating

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

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