

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90048 031 ***150.00

DOCUMENT # P11891

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business

17911 VON KARMAN
SUITE 300
IRVINE CA 92614
US

Mailing Address

17911 VON KARMAN
SUITE 300
IRVINE CA 92614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 DCEO ☐ DELETE
NAME FOLEY, WILLIAM P. II
STREET ADDRESS 3916 STATE STREET, STE. 300
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE DEVP ☐ DELETE
NAME WILLEY, FRANK P.
STREET ADDRESS 3916 STATE STREET, STE. 300
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE DP ☐ DELETE
NAME STONE, PATRICK F.
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR
CITY-ST-ZIP SANAT BARBARA CA

TITLE CFOT ☐ DELETE
NAME STINSON, ALAN L
STREET ADDRESS 3916 STATE STREET, STE. 300
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE D ☐ DELETE
NAME QUIRK, RAYMOND R.
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR
CITY-ST-ZIP SANTA BARBARA 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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

Irvine, CA 92614

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(949) 622-4326

Daytime Phone #

CR2E034 (11/98)