2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90313 020 ***150.00

0571404

DOCUMENT # P11891

1. Entity Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
17911 VON KARMAN SUITE 300 IRVINE CA 92614 US	17911 VON KARMAN SUITE 300 IRVINE CA 92614 US

DO NOT WRITE IN THIS SPACE

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 86-0417131 ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO FOLEY, WILLIAM P. II 3916 STATE STREET, STE. 300 SANTA BARBARA CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition address 4050 Calle Real, Suite 200 Santa Barbara, CA 93110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP WILLEY, FRANK P. 3916 STATE STREET, STE. 300 SANTA BARBARA CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition address 4050 Calle Real, Suite 200 Santa Barbara, CA 93110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STONE, PATRICK F. 3938 STATE STREET, 2ND FLOOR SANTA BARBARA CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition address 4050 Calle Real, Suite 200 Santa Barbara, CA 93110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT STINSON, ALAN L 3916 STATE STREET, STE. 300 SANTA BARBARA CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition address 4050 Calle Real, Suite 200 Santa Barbara, CA 93110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP QUIRK, RAYMOND R. 3938 STATE STREET, 2ND FLOOR SANTA BARBARA CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition address 4050 Calle Real, Suite 210 Santa Barbara, CA 93110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSVP M'LISS JONES KANE 17911 VON KARMAN STE 300 IRVINE CA 92614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SSVP Brad J. Brigante 4050 Calle Real, Suite 220 Santa Barbara, CA 93110

CR2E034 (10/00)

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: _____ Brad J. Brigante, Secretary 3/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fidelity National Title

INSURANCE COMPANY

Attachment
#P 11891

March 27, 2001

520181

Secretary of State - Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Fidelity National Title Insurance Company

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed Uniform Business Report for the above referenced corporation; and

2. Our check number 70041821, made payable to the Secretary of State in the amount of $150.00 to cover required filing fees and a return certified copy.

Please acknowledge receipt of the foregoing by endorsing and returning the enclosed copy of the Report in the self-addressed, stamped envelope. If you have any questions regarding this filing, feel free to contact the undersigned.

Very truly yours,

Madeline Barewald

Madeline Barewald
Corporate Paralegal

Telephone: (949) 622-4351
Facsimile: (949) 622-4104
E-mail: mbarewald@fnf.com

Enclosures