


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 042 \*\*\*550.00

<b>DOCUMENT # P26446</b> 1. Entity Name SOUTHERN TITLE INSURANCE CORPORATION					
Principal Place of Business 1051 E. CARY ST. 7TH FL. RICHMOND, VA 23219 US			Mailing Address P. O. BOX 399 RICHMOND, VA 23218 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-0483197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name <u>CT Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> City <u>Plantation</u> <u>FL</u> Zip Code <u>33324</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP REEVES, DENNIS M 1051 E. CARY ST. 7TH FL. RICHMOND, VA 23219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Eugene Ross McCullough 1051 E. Cary St. 7th Fl. Richmond VA 23219	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HARDWICK, WILLIAM J 915 MAIN ST 3RD FLOOR LYNCHBURG, VA 24504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Kevin Dodson 1051 E. Cary St 7th Fl Richmond VA 23219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD PURCELL, RIKER 1051 E. CARY ST. 7TH FL. RICHMOND, VA 23219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Michael Thomas Bates 1051 E Cary St 7th Fl Richmond VA 23219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BRIEL, MICHAEL E 305 HARRISON ST SE, SUITE 100 LEESBURG, VA 20175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Robert Lewis Bradshaw Jr 1051 E Cary St. 7th Fl Richmond VA 23219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WILEY, JR., RONALD D 401 PARK ST CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BLANTON, ROBERT W JR 1051 E. CARY ST. 7TH FL. RICHMOND, VA 23219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-21-08</u> Daytime Phone # <u>804-648-6000</u>		