2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26998

Entity Name: FIRST TITLE CORPORATION (TN)

FILED Apr 13, 2005 Secretary of State

Littly Name: FIRST TITLE CORFORATION (TN)					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3237 SATE DULUTH, C	LLITE BLVD. S BA 30096 L	STE 450 JS			
Current Mailing Address:			New Mailing Address:		
17911 VON KARMAN AVE., STE. 300 IRVINE, CA 92614 US					
FEI Number: 58-1719995 FEI Number Applied For () FEI N			FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 S. PIN	DRATION SYS IE ISLAND RC DN, FL 33324				
The above in the State		ubmits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () WILLEY, FRANK 601 RIVERSIDE JACKSONVILLE	AVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition AUSTIN, RICHARD D 408 CEDAR BLUFF ROAD #140 KNOXVILLE, TN 37923	
Title: Name: Address: City-St-Zip:	CEOD () QUIRK, RAYMO 601 RIVERSIDE JACKSONVILLE	AVE	Title: Name: Address: City-St-Zip:	DCEO (X) Change () Addition QUIRK, RAYMOND R 601 RIVERSIDE AVE JACKSONVILLE, FL 32204	
Title: Name: Address: City-St-Zip:	DCFO () STINSON, ALAN 601 RIVERSIDE JACKSONVILLE	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HIMES, RICHAR	E BLVD. STE 450	Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition FARENGA, PATRICK G 601 RIVERSIDE AVE. JACKSONVILLE, FL 32204	
Title: Name: Address: City-St-Zip:	DUNLAP, PAME	E BLVD., STE 450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVPS () JOHNSON, TOD 601 RIVERSIDE JACKSONVILLE	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD C JOHNSON SVPS 04/13/2005