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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32221 (4)

**1. Corporation Name
THE SOUTHLAND CORPORATION EMPLOYEES' SAVINGS AND
PROFIT SHARING PLAN TITLE HOLDING CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2711 NORTH HASKELL AVE. DALLAS TX 75204-9306	Mailing Address 2711 NORTH HASKELL AVE. DALLAS TX 75204-9306
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3. Date incorporated or Qualified 12/18/1990	3a. Date of Last Report 04/26/1994
4. FEI Number 75-2205411	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
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 reappointing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CUMMINGS, ROBERT S.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	981 W 20TH ST.	1.2 NAME	
STREET ADDRESS	UPLAND CA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE VPDT	BETZ, BILL B.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2780 SAN PASQUAL ST.	2.2 NAME	
STREET ADDRESS	PASADENA CA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE VD	WERT, CHARLES E.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	510 ALTURA ROAD	3.2 NAME	
STREET ADDRESS	ARCADIA CA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE A	FULLER, MARGARET A.	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	618 BLANNING	4.2 NAME	
STREET ADDRESS	DALLAS TX	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE AS	COLBERG, TERRY J.	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1981 W. 20TH ST.	5.2 NAME	
STREET ADDRESS	LOS ANGELES CA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE AS	NILSSON, EIVOR	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1033 GLENOAKS BLVD	6.2 NAME	
STREET ADDRESS	SAN FERNANDO CA	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret A. Fuller **MARGARET A. FULLER** **4/1/95** **214/828.5558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number