

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32221

(4)

1. Corporation Name

THE SOUTHLAND CORPORATION EMPLOYEES' SAVINGS AND
PROFIT SHARING PLAN TITLE HOLDING CORPORATION

Principal Place of Business

2711 NORTH HASKELL AVE.
DALLAS TX 75204-9906

Mailing Address

2711 NORTH HASKELL AVE.
DALLAS TX 75204-9906



3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
75-2205411

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Margaret A. Fuller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CUMMINGS, ROBERT S.
STREET ADDRESS 981 W 20TH ST.
CITY-ST-ZIP UPLAND CA ☐ DELETE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPDT
NAME BETZ, BILL B.
STREET ADDRESS 2780 SAN PASQUAL ST.
CITY-ST-ZIP PASADENA CA ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME WERT, CHARLES E.
STREET ADDRESS 510 ALTURA ROAD
CITY-ST-ZIP ARCADIA CA ☐ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE A
NAME FULLER, MARGARET A.
STREET ADDRESS 618 BLANNING
CITY-ST-ZIP DALLAS TX ☐ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME COLBERG, TERRY J.
STREET ADDRESS 1961 W. 20TH ST.
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME NILSSON, EIVOR
STREET ADDRESS 1933 GLENOAKS BLVD
CITY-ST-ZIP SAN FERNANDO CA ☒ DELETE

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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

3/26/96

214/828-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Plan Administrator

Daytime Phone

CR2E037 (12/95)