

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90075 020 ****61.25

DOCUMENT # P32221

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 75204-2906

Mailing Address
2711 NORTH HASKELL AVE.
DALLAS TX 75204-2906

102712-90075-20 2 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/18/1990

4. FEI Number

75-2205411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CUMMINGS, ROBERT S.

STREET ADDRESS 981 W 20TH ST.

CITY-ST-ZIP UPLAND CA

TITLE VPDT ☒ DELETE

NAME BETZ, BILL B.

STREET ADDRESS 2780 SAN PASQUAL ST.

CITY-ST-ZIP PASADENA CA

TITLE VD ☐ DELETE

NAME WERT, CHARLES E.

STREET ADDRESS 510 ALTURA ROAD

CITY-ST-ZIP ARCADIA CA

TITLE A ☐ DELETE

NAME FULLER, MARGARET A.

STREET ADDRESS 618 BLANNING

CITY-ST-ZIP DALLAS TX

TITLE AS ☐ DELETE

NAME COLBERG, TERRY J.

STREET ADDRESS 1961 W. 20TH ST.

CITY-ST-ZIP LOS ANGELES CA

TITLE S ☐ DELETE

NAME AMEDOLA, DOMINICA

STREET ADDRESS 942 LINDA VISTA AVE

CITY-ST-ZIP PASADENA CA 91103

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Vice Pres./Treasurer ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

James P. Wagner
2616 Topsfield Street
Pasadena, CA 91107

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Lawson, Dominica

14. 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 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, with all other like empowered.

SIGNATURE Margaret A. Fuller, Administrator 1/15/99 (214) 828-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0081593

CR2E037 (11/98)