FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

MAY -1 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38702 (7)

1. Corporation Name

CORNERSTONE TITLE COMPANY

Principal Place of Business
11000 BROKEN LAND PARKWAY
COLUMBIA MD 21044

Mailing Address
11000 BROKEN LAND PARKWAY
COLUMBIA MD 21044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-1640103 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 110 N Magnolia St
83
84 City Tallahassee FL 85 Zip Code 32301

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	D	☑ Change ☐ Addition
NAME	GAW, ROBERT J	1.2 NAME		
STREET ADDRESS	11000 BROKEN LAND PARKWAY	1.3 STREET ADDRESS		
CITY, ST, ZIP	COLUMBIA MD 21044-3408	1.4 CITY, ST, ZIP		
TITLE	DS	2.1 TITLE		☑ Change ☐ Addition
NAME	BRETZ, THURMAN W	2.2 NAME	Lerner, David	
STREET ADDRESS	11000 BROKEN LAND PARKWAY	2.3 STREET ADDRESS		
CITY, ST, ZIP	COLUMBIA MD 21044	2.4 CITY, ST, ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVENPORT, J. SIDNEY IV	3.2 NAME		
STREET ADDRESS	7202 GLEN FOREST DR #201	3.3 STREET ADDRESS		
CITY, ST, ZIP	RICHMOND VA	3.4 CITY, ST, ZIP		
TITLE	V	4.1 TITLE	P	☑ Change ☐ Addition
NAME	IVESTER, ANN M	4.2 NAME		
STREET ADDRESS	11000 BROKEN LAND PARKWAY	4.3 STREET ADDRESS		
CITY, ST, ZIP	COLUMBIA MD 21044	4.4 CITY, ST, ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	CASS, SUSAN M	5.2 NAME		
STREET ADDRESS	11000 BROKEN LAND PKWY	5.3 STREET ADDRESS		
CITY, ST, ZIP	COLUMBIA MD	5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		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 the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Cass 4/27/95 410-715-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan Cass

0397272 FP