

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301

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 607.0502 and 607.1506, 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

Signature typed or printed (must be signed agent and then applicable)

Signature of Registered Agent (signature required when changing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GAW, ROBERT J	
STREET ADDRESS	11000 BROKEN LAND PARKWAY	
CITY - ST - ZIP	COLUMBIA MD	
TITLE	DS	☐ DELETE
NAME	LESSER, DAVID	
STREET ADDRESS	11000 BROKEN LAND PARKWAY	
CITY - ST - ZIP	COLUMBIA MD	
TITLE	VD	☐ DELETE
NAME	DAVENPORT, J. SIDNEY IV	
STREET ADDRESS	7202 GLEN FOREST DR #201	
CITY - ST - ZIP	RICHMOND VA	
TITLE	P	☐ DELETE
NAME	IVESTER, ANN M	
STREET ADDRESS	11000 BROKEN LAND PARKWAY	
CITY - ST - ZIP	COLUMBIA MD	
TITLE	AT	☒ DELETE
NAME	CASS, SUSAN M	
STREET ADDRESS	11000 BROKEN LAND PKWY	
CITY - ST - ZIP	COLUMBIA MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC / D.	☒ Change ☐ Addition
1.2 NAME	M. MELINDA THOMPSON	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP TREAS D	☒ Change ☐ Addition
2.2 NAME	TIMOTHY J GECKLE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	AS	☒ Change ☐ Addition
3.2 NAME	MICHELE L. COHEN	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P / D	☒ 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		

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)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J. GECKLE

5/1/96 410-715-7000

CR2E034 (12/95)