

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 21044-3580**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1992	3a. Date of Last Report 05/01/1996
21 Suite Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-1640103	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

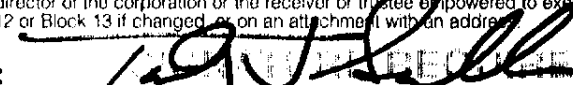
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 110 N. MAGNOLIA ST TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	THOMPSON, M. MELINDA			1.2 NAME			
STREET ADDRESS	11000 BROKEN LAND PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			1.4 CITY-ST-ZIP			
TITLE	VTD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	GECKLE, TIMOTHY			2.2 NAME			
STREET ADDRESS	11000 BROKEN LAND PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			2.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	COHEN, MICHELE L			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	PD	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	IVESTER, ANN M			4.2 NAME			
STREET ADDRESS	11000 BROKEN LAND PARKWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/10/97 (410) 715-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)