

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38702			
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	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 110 N. MAGNOLIA ST TALLAHASSEE FL 32301		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 21044	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 21044	2.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MICHELE L	3.2 NAME	
STREET ADDRESS	1100 BROKEN LAND PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	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 21044	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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)