2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 16, 2001 8:00 am Secretary of State **DOCUMENT#** P38702 1. Entity Name

05-16-2001 90239 022 ***150.00

Cornerstone Title Company

Principal Place of Business 6300 Canoga Avenue Mailing Address

6300 Canoga Avenue

14th Floor Woodland Hills, CA 91367 Woodland Hills, CA 91367				A0066929		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For S2-1640103 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
The Prentice-Hall Corporation System Inc. 110 N. Magnolia St.				Name Street Address (P.O. Box Number is Not Acceptable)		
	hassee, FL 32301		City	FL Zip Code		
	<u>.</u> ,		L			
CICNATURE			registered office of	r registered agent, or both, in the State of Florida.		
Sig	nature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E: Registered Agent signat	ture required when reinstating) DATE		
	ion is eligible to satisfy its Intangi birement and elects to do so.		II FEE IS \$150. 01 Fee will be \$1 ble to Departmen	550.00 Trust Fund Contribution. Added to Fees		
11.	OFFICERS AT	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	0.1.02.07.	☐ Delete	TITLE	P/D X Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Cass, Susan 6300 Canoga Ave., 14th Floor Woodland Hills, CA 91367		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D		
TITLE NAME STREET ADDRESS CITY: ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thompson, M. Melinda 10400 Little Patuxent Pkwy., Suite 200 Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Change X Addition Treasure, Michelle R. 6300 Canoga Ave., 14th Floor Woodland Hills, CA 91367		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Change X Addition Principato, Deborah L. 4700 Sam Houston Pkwy. N., Suite 150 Houston, TX 77041-8208		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

(818) 251-4100

Daytime Phone #

CR2E034 (11/00)