

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 047 ***150.00

DOCUMENT # P38702

1. Entity Name
CORNERSTONE TITLE COMPANY



Principal Place of Business
**6300 CANOGA AVE
14TH FLOOR
WOODLAND HILLS, CA 91367**

Mailing Address
**6300 CANOGA AVE
14TH FLOOR
WOODLAND HILLS, CA 91367**

14003304



2. Principal Place of Business
Same as above
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number

52-1640103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASS, SUSAN**
STREET ADDRESS **6300 CANOGA AVE, 14TH FLOOR**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

TITLE **P** ☐ Delete
NAME **BROWN, DAVID A**
STREET ADDRESS **6300 CANOGA AVENUE, 14TH FLOOR**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

TITLE **S** ☐ Delete
NAME **MARKHAM, SHERI L**
STREET ADDRESS **24025 PARK SORRENTO, SUITE 400**
CITY-ST-ZIP **CALABASAS, CA 91302**

TITLE **AT** ☐ Delete
NAME **MENTCH, RENE L**
STREET ADDRESS **24025 PARK SORRENTO, SUITE 400**
CITY-ST-ZIP **CALABASAS, CA 91302**

TITLE **SVP** ☐ Delete
NAME **PRINCIPATO, DEBORAH L**
STREET ADDRESS **14555 NORTH HAYDEN ROAD, SUITE 100**
CITY-ST-ZIP **SCOTTSDALE, AZ 85260**

TITLE **VP** ☐ Delete
NAME **SOLT, KATRINA C**
STREET ADDRESS **4700 SAM HOUSTON PARKWAY NORTH, SUITE 150**
CITY-ST-ZIP **HOUSTON, TX 77041**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Change ☒ Addition
NAME **Jeanne Léwis**
STREET ADDRESS **6010 University Blvd., Suite 260**
CITY-ST-ZIP **Ellicott City, MD 21043**

TITLE **AS** ☐ Change ☒ Addition
NAME **Andrea L. Riordan**
STREET ADDRESS **24025 Park Sorrento, Suite 400**
CITY-ST-ZIP **Calabasas, CA 91302**

TITLE **T** ☐ Change ☒ Addition
NAME **Martyn Watson**
STREET ADDRESS **6300 Canoga Avenue, 14th Floor**
CITY-ST-ZIP **Woodland Hills, CA 91367**

TITLE **AT** ☐ Change ☒ Addition
NAME **Harriet A. Britton**
STREET ADDRESS **24025 Park Sorrento, Suite 400**
CITY-ST-ZIP **Calabasas, CA 91302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Brown, President 4/21/05 818.251.4100

Date

Daytime Phone #