

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 22, 2010  
Secretary of State**

DOCUMENT# P94000054358

Entity Name: LANDSAFE TITLE OF FLORIDA, INC.

**Current Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91301 US

**New Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91302 US

**Current Mailing Address:**

30930 RUSSELL RANCH ROAD  
MAIL STOP: CA6-916-02-01  
WESTLAKE VILLAGE, CA 91362 US

**New Mailing Address:**

30930 RUSSELL RANCH ROAD  
MAIL STOP: CA6-916-01-12  
WESTLAKE VILLAGE, CA 91362 US

FEI Number: 95-4489527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KEATING, MICHAEL  
Address: 225 W. HILLCREST DRIVE  
City-St-Zip: THOUSAND OAKS, CA 91360

Title: CFO  
Name: AARON, BLAKE  
Address: 400 NATIONAL WAY  
City-St-Zip: SIMI VALLEY, CA 93065

Title: SEC  
Name: LINDGREN, DEVRA  
Address: 400 NATIONAL WAY  
City-St-Zip: SIMI VALLEY, CA 93065

Title: AS  
Name: MURPHY, PAMELA  
Address: 30930 RUSSELL RANCH ROAD  
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: D  
Name: KEATIN, MICHAEL  
Address: 225 W. HILLCREST DRIVE  
City-St-Zip: THOUSAND OAKS, CA 91360

Title: D  
Name: AARON, BLAKE  
Address: 400 NATIONAL WAY  
City-St-Zip: SIMI VALLEY, CA 93065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA MURPHY

AS

07/22/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date