
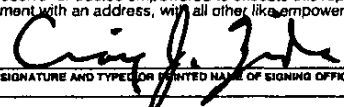


FILED  
Feb 10, 2005 8:00 am  
Secretary of State

02-10-2005 90049 012 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P95000041374</b>  |  |    |   |
| 1. Entity Name<br><b>FIRST AMERICAN COMMERCIAL REAL ESTATE SERVICES, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>8435 STEMMONS FWY<br/>SUITE 1600<br/>DALLAS, TX 75247 US</b>  |  | Mailing Address<br><b>1 FIRST AMERICAN WAY<br/>SANTA ANA, CA 92707 US</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 4. FEI Number<br><b>59-3321058</b> Applied For<br>Not Applicable  |  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br>ZINDA, CRAIG J<br>8435 STEMMONS FWY<br>DALLAS, TX 75247 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SVP<br>Jerry P. Heaton<br>1400 Corporate Drive<br>Irving, TX 75038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>DOUGLASS, ROBERT C<br>8435 N STEMMONS FREEWAY<br>DALLAS, TX 75247 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SVP<br>Scott Friberg<br>1400 Corporate Drive<br>Irving, TX 75038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | AS<br>COLLINS, KATHLEEN M<br>1 FIRST AMERICAN WAY<br>SANTA ANA, CA 92707 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>David Hill<br>1400 Corporate Drive<br>Irving, TX 75038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>HILL, S. LEWIS<br>8435 N STEMMONS FREEWAY<br>DALLAS, TX 75247 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>SANDO, BARRY M<br>8435 N STEMMONS FREEWAY<br>DALLAS, TX 75247 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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 all other like empowered. |  |   |   |
| SIGNATURE:   |  | 2 FEB 05 (214) 879-5119   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |   |