


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 006 ***158.75

DOCUMENT # P96000010773			
1. Entity Name CLARION TITLE COMPANY			
Principal Place of Business 250 TEQUESTA DRIVE, SUITE 250 TEQUESTA, FL 33469		Mailing Address 250 TEQUESTA DRIVE, SUITE 250 TEQUESTA, FL 33469	
2. Principal Place of Business (No P.O. Box #) <i>250 Tequesta Drive</i>		3. Mailing Address <i>250 Tequesta Drive</i>	
Suite, Apt. #, etc. <i>Suite 200</i>		Suite Apt # etc. <i>Suite 200</i>	
City & State <i>Tequesta, FL</i>		City & State <i>Tequesta FL</i>	
Zip <i>33469</i>	Country <i>USA</i>	Zip <i>33469</i>	Country <i>USA</i>
4. FEI Number 65-0675667		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03202008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CICALESE, PATRICK 250 TEQUESTA DRIVE, SUITE 250 TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name <i>Cioffi James</i> Street Address (P.O. Box Number is Not Acceptable) <i>250 Tequesta Drive, Suite 200</i> <i>Tequesta, FL</i> City <i>Tequesta, FL</i> Zip Code <i>33469</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent if not applicable.		James Cioffi (NOTE: Registered Agent signature required when reinstating)	
DATE <i>4/10/08</i> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICALESE, PATRICK 250 TEQUESTA DRIVE, SUITE 250 TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOFFI, JAMES 250 TEQUESTA DRIVE, SUITE 250 TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		James Cioffi Date <i>4/10/08</i> (561) 747-6000 Daytime Phone #	

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