

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103984

FILED
Apr 13, 2005
Secretary of State

Entity Name: CHICAGO TITLE OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

1010 KENNEDY DRIVE
SUITE 300
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

171 N CLARK STREET
ML 08RS
CHICAGO, IL 606013294 US

New Mailing Address:

17911 VON KARMAN AVE.
SUITE 300
IRVINE, CA 92614 US

FEI Number: 65-0718636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MCCORMICK, MICHAEL M
Address: 2701 GATEWAY DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: AS () Delete
Name: VAN ROEYEN, EILEEN W
Address: 171 N CLARK STREET
City-St-Zip: CHICAGO, IL 60601

Title: DVP () Delete
Name: REINHARDT, JOE
Address: 601 LAKE DESTINY DRIVE #200
City-St-Zip: MAITLAND, FL 32751

Title: SVPS () Delete
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: NEMZURA, MARJORIE
Address: 171 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60601

Title: VCFO () Delete
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TODD C JOHNSON

SVPS

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date