


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90233 033 ***150.00

| | |
|--|---|
| DOCUMENT # P97000106836 |  |
| 1. Entity Name Terramar Guaranty Title & Trust, Inc. | |

DO NOT WRITE IN THIS SPACE

11016618

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 27261 Las Ramblas Campus Drive | | 3. Mailing Address Parsippany | |
| Suite, Apt. #, etc. Suite 213 | | Suite, Apt. #, etc. | |
| City & State Mission Viejo, CA | | City & State NJ | |
| Zip 92961 | Country USA | Zip 07054 | Country USA |

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IN THIS SPACE**

| | | | |
|--|--------------------|--|--|
| 4. FEI Number | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Corporation Service Company | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St. | | | |
| City Tallahassee | State FL | Zip Code 32301 | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/CEO Robert Becku 339 Jefferson Rd Parsippany, N.J. 07054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Joseph Huber 1 Campus Drive Parsippany, NJ 07054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/ EVO Duncan Cocroft (Same as above) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/ S Eric Bock 9W 5TH ST - 37TH FL NY NY 10019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D James Buckman (Same as above) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Richard Smith 1 Campus Drive Parsippany, NJ 07054 |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber **Joseph Huber** 4-15-03 973-496-7471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

attachment P97000102386/11010618



CENDANT
Shared Services

Invoice Lead Sheet

Re-Use Validate clear

Forms Menu

Once all information is entered, please click 'Validate' and print your document

Vendor Name **FLORIDA DEPARTMENT OF ST** Invoice Amount **150.00**
Vendor Site Name **2520 N MONROE S** Invoice Number **00000**
Vendor # **14666** Invoice Date **14-APR-2003**

Format: 14-APR-2003

☐ New Vendor

☐ No Invoice Available

| | Company Number (3 Dig) | Location Number (8 Digits) | Cost Center (4 Dig) | Account Number (5 Digits) | Bus. Unit Defined (7 Digits) | Distribution Amount | Distribution Description(Optional) |
|--------------------|------------------------------|----------------------------------|---------------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| 1 | 100 | 00000000 | 0000 | 36097 | 0000000 | 150.00 | Terramar Guaranty Title v |
| 2 | | | | | | | & Trust, Inc. |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| Distribution Total | | | | | | | |

Contact Information

Contact Name **JOANNE ISABELLA** Phone Number **X2836** Business Unit **CORPORATE LEGAL** Location **1 CAMPUS DRIVE**

Approver Name (Typed) **RICHARD S. MEISNER** Approver Signature Sign Date **Accounts Payable Use Only**
Voucher Number :
Paying Company :

Developed by



for **CENDANT**

4/14/2003 2:16:59 pm