

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004775

Entity Name: LPS NATIONAL TAXNET, INC.**Current Principal Place of Business:**601 RIVERSIDE AVE
JACKSONVILLE, FL 32204**Current Mailing Address:**601 RIVERSIDE AVE
JACKSONVILLE, FL 32204**FEI Number:** 27-3732345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	P
Name	BERMAN, DANIEL
Address	5 PETERS CANYON ROAD
City-State-Zip:	IRVINE CA 92606

Title	EVP
Name	JOHNSON, TODD C
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP & TREAS
Name	SEE, BENJAMIN J
Address	601 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32204

Title	ACS
Name	JOHNSON, APRIL L
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	SCHEUBLE, DANIEL T
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	JOHNSON, TODD C
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

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: APRIL L. JOHNSON

ACS

04/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date