

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001595

Entity Name: STATES TITLE AGENCY, INC.**Current Principal Place of Business:**101 MISSION STREET
SUITE 740
SAN FRANCISCO, CA 94105**Current Mailing Address:**101 MISSION STREET
SUITE 740
SAN FRANCISCO, CA 94105 US**FEI Number:** 82-3092106**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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** DIRECTOR, EXECUTIVE VICE
PRESIDENT**Name** SIMKOFF, MAXWELL**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Title** SECRETARY, EXECUTIVE VICE
PRESIDENT**Name** FERNANDEZ, EMILIO**Address** 760 N.W. 107TH AVENUE
SUITE 401**City-State-Zip:** MIAMI FL 33172**Title** PRESIDENT**Name** WELLS, KIRK**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Title** VP**Name** MARSHALL, MARY**Address** 1855 GATEWAY BLVD.
SUITE 600**City-State-Zip:** CONCORD CA 94520**Title** DIRECTOR**Name** MORRISON, CHRISTOPHER**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Title** DIRECTOR, TREASURER, EXEC V.P.**Name** AHMAD, NOAMAN**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Title** DIRECTOR**Name** HOFFMAN, JUDD**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Title** VP**Name** ZONA, LOUIS**Address** 101 MISSION STREET
SUITE 740**City-State-Zip:** SAN FRANCISCO CA 94105**Continues on page 2**

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: LORA L. OSTERLOH**ASSISTANT SECRETARY****01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name ALBSTEIN, JUSTIN
Address 101 MISSION STREET
SUITE 740
City-State-Zip: SAN FRANCISCO CA 94105

Title ASSISTANT SECRETARY
Name OSTERLOH, LORA
Address 1855 GATEWAY BLVD.
SUITE 600
City-State-Zip: CONCORD CA 94520