

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005099

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** OLD REPUBLIC DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

400 SECOND AVE SOUTH  
MINNEAPOLIS, MN 55401

**New Principal Place of Business:**

**Current Mailing Address:**

400 SECOND AVE SOUTH  
MINNEAPOLIS, MN 55401

**New Mailing Address:**

**FEI Number:** 41-1314351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, SCOTT  
1410 N. WESTSHORE BLVD,  
SUITE 800  
TAMPA, FL 33607 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONNOR, PATRICK  
Address: 141 EAST TOWN STREET, STE 101  
City-St-Zip: COLUMBUS, OH 43215

Title: DS  
Name: WOLD, DANIEL M  
Address: 400 SECOND AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DSVP  
Name: HORN, GARY J  
Address: 400 SECOND AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: T  
Name: TARPEY, MICHAEL T  
Address: 400 SECOND AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D  
Name: YEAGER, RANDE K  
Address: 400 SECOND AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

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: MICHAEL T. TARPEY

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01/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date