

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P11891 (9)**
1. Corporation Name
FIDELITY NATIONAL TITLE INSURANCE COMPANY

95 MAR 10 PH 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2390 E CAMELBACK RD STE 315 PHOENIX AZ 85016
Mailing Address: 2390 E CAMELBACK RD STE 315 PHOENIX AZ 85016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 17911 VON KARMAN
Suite, Apt. #, etc. SUITE 300
22 City & State IRVINE, CA
23 Zip 92714 Country
24 25
26. Mailing Address
26 17911 VON KARMAN
Suite, Apt. #, etc. SUITE 300
27 City & State IRVINE, CA
28 Zip 92714 Country
29 30

4. FEI Number: 86-0417131 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election: Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC
NAME FOLEY, WILLIAM P. II
STREET ADDRESS 2100 S.E. MAIN ST. #400
CITY-ST-ZIP IRVINE CA
TITLE VD
NAME WILEY, FRANK P.
STREET ADDRESS 2100 S.E. MAIN ST. #400
CITY-ST-ZIP IRVINE CA
TITLE VS
NAME HUNT, CYNTHIA J.
STREET ADDRESS 2390 E CAMELBACK #315
CITY-ST-ZIP PHOENIX AZ
TITLE VTD
NAME STRUNK, CARL A.
STREET ADDRESS 2100 S.E. MAIN ST. #400
CITY-ST-ZIP IRVINE CA
TITLE D
NAME QUIRK, RAYMOND R.
STREET ADDRESS 2100 SE MAIN STREET, #400
CITY-ST-ZIP IRVINE CA
TITLE D
NAME CALINDA, LAURENCE E.
STREET ADDRESS 2100 SE MAIN STREET, #400
CITY-ST-ZIP IRVINE CA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 17911 VON KARMAN, SUITE 500
1.4 CITY-ST-ZIP IRVINE, CA 92714
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 17911 VON KARMAN, SUITE 500
2.4 CITY-ST-ZIP IRVINE, CA 92714
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 17911 VON KARMAN, SUITE 500
4.4 CITY-ST-ZIP IRVINE, CA 92714
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 17911 VON KARMAN, SUITE 500
5.4 CITY-ST-ZIP IRVINE, CA 92714
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 17911 VON KARMAN, SUITE 500
6.4 CITY-ST-ZIP IRVINE, CA 92714

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information presented on this annual report or supplemental annual 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 12 or Block 13 if I appear on an attachment with an address.

SIGNATURE:

Carl A. Strunk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. STRUNK

3/3/95 (714) 622-4333

Date (Daytime Phone #)