

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90048 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P11891**

1. Corporation Name  
**FIDELITY NATIONAL TITLE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 17911 VON KARMAN SUITE 300 IRVINE CA 92614 US	Mailing Address 17911 VON KARMAN SUITE 300 IRVINE CA 92614 US
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3. Date Incorporated or Qualified  
**10/23/1986**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number  
**86-0417131**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLEY, WILLIAM P. II		1.2 NAME	
STREET ADDRESS 3916 STATE STREET, STE. 300		1.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		1.4 CITY-ST-ZIP	
TITLE DEVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILEY, FRANK P.		2.2 NAME	
STREET ADDRESS 3916 STATE STREET, STE. 300		2.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		2.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, PATRICK F.		3.2 NAME	
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP SANAT BARBARA CA		3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE CFOT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STINSON, ALAN L		4.2 NAME	
STREET ADDRESS 3916 STATE STREET, STE. 300		4.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUIRK, RAYMOND R.		5.2 NAME	
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR		5.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA		5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME M'LISS JONES KANE		6.2 NAME	SSVP
STREET ADDRESS 17911 VON KARMAN STE 300		6.3 STREET ADDRESS	
CITY-ST-ZIP IRVINE CA		6.4 CITY-ST-ZIP	Irvine, CA 92614

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M'LISS JONES KANE** (949) 622-4326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)