

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90020 049 ***158.75

DOCUMENT # P11891

1. Entity Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business

Mailing Address

17911 VON KARMAN
 SUITE 300
 IRVINE CA 92614
 US

17911 VON KARMAN
 SUITE 300
 IRVINE CA 92614-6262
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **86-0417131**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, WILLIAM P. II	NAME	
STREET ADDRESS	3916 STATE STREET, STE. 300	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLEY, FRANK P.	NAME	
STREET ADDRESS	3916 STATE STREET, STE. 300	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, PATRICK F.	NAME	
STREET ADDRESS	3938 STATE STREET, 2ND FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, ALAN L	NAME	
STREET ADDRESS	3916 STATE STREET, STE. 300	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRK, RAYMOND R.	NAME	
STREET ADDRESS	3938 STATE STREET, 2ND FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	CITY-ST-ZIP	
TITLE	SSVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M'LISS JONES KANE	NAME	
STREET ADDRESS	17911 VON KARMAN STE 300	STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92614	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M'Liss Jones Kane* **M'Liss Jones Kane - Secretary 3/15/00 (949)622-4326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #