

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214506639

1.) CORPORATION NAME:

Fidelity National Capital, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1734526**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11100 WAYZATA BLVD
STE 800

CITY/ST/ZIP: MINNETONKA, MN 55305

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD J PIEPER		
TITLE:	CO-PRESIDENT		
ADDRESS:	11100 WAYZATA BLVD		
	STE 800		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL S JONES		
TITLE:	EXEC VP/T		
ADDRESS:	200 LAKE ST EAST		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG R DAHL		
TITLE:	CEO/CHAIRMAN		
ADDRESS:	200 LAKE STREET EAST		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH T GREEN		
TITLE:	ASST SECRETARY		
ADDRESS:	200 LAKE ST EAST		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM A COOPER		
TITLE:	DIRECTOR		
ADDRESS:	200 LAKE ST EAST		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY N WINSLOW		
TITLE:	DIRECTOR		
ADDRESS:	200 LAKE STREET EAST		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS F JASPER DIRECTOR 200 LAKE STREET EAST WAYZATA, MN 55391	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL L GENDLER CO-PRESIDENT 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY C GUNSTAD EVP, SECRETARY 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D NYQUIST EVP 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY W ANDERSON SVP 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT L LANE SVP, CFO 11100 WAYZATA BLVD STE MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES BREITER VICE PRESIDENT 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J GOTTWALT VICE PRESIDENT 200 LAKE STREET EAST WAYZATA, MN 55391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA E KING VICE PRESIDENT 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABIGAIL R NESBITT VICE PRESIDENT 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L RIPPERTON VICE PRESIDENT 11100 WAYZATA BLVD STE 800 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA E SHAW VICE PRESIDENT 150 LAKE STREET WEST WAYZATA, MN 55391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN D BODE ASST TREASURER 150 LAKE STREET WEST WAYZATA, MN 55391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOSEPH T GREEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH T GREEN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/31/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			