

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004268

**Entity Name:** CITIFINANCIAL SERVICES, INC. (MA)

**Current Principal Place of Business:**

300 ST. PAUL PLACE  
BALTIMORE, MD 21202

**Current Mailing Address:**

P.O. BOX 30509  
TAX & REPORTING  
TAMPA, FL 33631 US

**FEI Number:** 04-3474891

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title P/D  
Name SCHNEIDER, JAMES W  
Address 300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title VP/S  
Name DAVIS, LINDA S  
Address 300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title T/D  
Name LECHNER, GREGORY  
Address 300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title AS  
Name HOFFMAN, LISA A  
Address 3800 CITIGROUP CENTER DRIVE  
City-State-Zip: TAMPA FL 33610

*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:** LISA A HOFFMAN

**ASSISTANT SECRETARY** 04/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date