


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90082 033 ***150.00

DOCUMENT # 812658		
1. Entity Name CC RETAIL SERVICES, INC.		

Principal Place of Business 300 ST PAUL PLACE BALTIMORE, MD 21202	Mailing Address 300 ST PAUL PLACE BSP10D BALTIMORE, MD 21202 US
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00051368

2. Principal Place of Business	3. Mailing Address <i>300 St Paul Place</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>BSP17D - Legal Dept</i>
City & State	City & State <i>BALTIMORE, MD</i>
Zip	Country
<i>21202</i>	<i>US</i>



03142005 Chg-P CR2E034 (10/03)

4. FEI Number 52-0706906		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS CANEDY, K.A. 300 ST PAUL PLACE BALT, MD 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRECCO, FRANK J 300 ST. PAUL PLACE BALTIMORE, MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <i>FRANK J Petrecco</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>300 St. Paul Place</i> <i>BALTIMORE, MD 21202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, J.I. 300 ST PAUL PLACE BALT, MD 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOLEY, D A 300 ST. PAUL PLACE BALTIMORE, MD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <i>J. P. Murphy</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>300 St. Paul Place</i> <i>BALTIMORE, MD 21202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WONG, M.J. 300 ST. PAUL PLACE BALTIMORE, MD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Linda S. Davis</i> <i>300 St. Paul Place</i> <i>BALTIMORE, MD 21202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HURLEY, ROBERT M 300 ST PAUL PLACE BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR/TREASURER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>B. PANCHANADESWARAN</i>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K.A. Canedy* *K. A. Canedy* 3/21/05 410-332-3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #