


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 812658 1. Entity Name CC RETAIL SERVICES, INC. |  |
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| Principal Place of Business 300 ST PAUL PLACE BALTIMORE, MD 21202 | Mailing Address 300 ST PAUL PLACE BSPD 17D-LEGAL DEPARTMENT BALTIMORE, MD 21202 US |
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03302007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 52-0706906 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
IN THIS SPACE**

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000706602 04/24/07-80041-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATS CANEDY, K.A. 300 ST PAUL PLACE BALT, MD 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHNEIDER, JAMES W 300 ST. PAUL PLACE BALTIMORE, MD 21202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS JONES, J.I. 300 ST PAUL PLACE BALT, MD 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, J P 300 ST. PAUL PLACE BALTIMORE, MD 21202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS DAVIS, LINDA S 300 ST. PAUL PLACE BALTIMORE, MD 21202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SCHNEIDER, EDWARD J 300 ST PAUL PLACE BALTIMORE, MD 21202 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/16/07 410-332-3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #