

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90082 039 \*\*\*150.00

**DOCUMENT # 822526**  
 1. Entity Name  
**CITIFINANCIAL MORTGAGE COMPANY, INC.**

Principal Place of Business  
**250 CARPENTER FREEWAY**  
**CORP. TAX DEPT**  
**IRVING TX 75062**  
**US**

Mailing Address  
~~P.O. BOX 660237 N/A~~  
**CORP. TAX DEPT**  
~~DALLAS TX 75266-0237~~  
**US**

2. Principal Place of Business

3. Mailing Address

**300 ST. PAUL PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**BSP100**

City & State

City & State

**BALTIMORE, MD**

Zip

Country

Zip

Country

**21202**

**-**

4. FEI Number

**06-1104540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GOFF, HARRY D** ☐ Delete  
**300 ST PAUL PLACE**  
**BALTIMORE MD 21202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**15800 JOHN J DELANEY DR**  
**CHARLOTTE, NC 28277**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete  
**AVPS**  
**FREDERICK, MICHAEL J**  
**250 CARPENTER FREEWAY**  
**IRVING TX 75062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**VP**  
**JOHN I. JONES**  
**300 ST. PAUL PLACE**  
**BALTIMORE, MD 21202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**VPS**  
**DAVIS, LINDA S**  
**300 ST PAUL PL**  
**BALTIMORE MD 21202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete  
**D**  
**CRANDALL, STEPHEN M**  
**250 CARPENTER FREEWAY**  
**IRVING TX 75062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**D, EVP**  
**DAVID LOWMAN**  
**12855 N OUTER FORTY DR**  
**ST LOUIS, MO 63141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**D**  
**NICHOLS, R S**  
**250 CARPENTER FREEWAY**  
**IRVING TX**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**EVP**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN I. JONES** **4/30/02** **410-332-3000**  
 Date Daytime Phone #

CR2E034 (9/01)