


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 822526 1. Entity Name CITIFINANCIAL MORTGAGE COMPANY, INC.	
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Principal Place of Business
250 CARPENTER FREEWAY
IRVING, TX 75062 US

Mailing Address
300 ST PAUL PLACE
CORP. TAX DEPT, BSP10D
BALTIMORE, MD 21202 US



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1104540	Applied For 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 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

**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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOFF, HARRY D
STREET ADDRESS	15800 JOHN J DELANEY DR
CITY-ST-ZIP	CHARLOTTE, NC 28277

TITLE	DEVP
NAME	LOWMAN, DAVID
STREET ADDRESS	12855 N OUTER FORTY DR
CITY-ST-ZIP	SAINT LOUIS, MO 63141

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

TITLE	EVP
NAME	NICHOLS, R S
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING, TX

TITLE	VP
NAME	JONES, JOHN J
STREET ADDRESS	300 ST PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80043-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John I Jones, Vice President 3/3/04

Date

410-882-3000