

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2005 90082 038 \*\*\*150.00

**DOCUMENT # 822526**

1. Entity Name  
CITIFINANCIAL MORTGAGE COMPANY, INC.



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

**50031563**



2. Principal Place of Business

3. Mailing Address

300 St. Paul Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BSP17D - Legal Dept

03142005

Chg-P

CR2E034 (10/03)

City & State

City & State

BALTIMORE, MD

4. FEI Number

06-1104540

Applied For

Not Applicable

Zip

Country

Zip

21202

Country

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. 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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GOFF, HARRY D           |  |
| STREET ADDRESS | 15800 JOHN J DELANEY DR |  |
| CITY-ST-ZIP    | CHARLOTTE, NC 28277     |  |
| TITLE          | DEVP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LOWMAN, DAVID           |  |
| STREET ADDRESS | 12855 N OUTER FORTY DR  |  |
| CITY-ST-ZIP    | SAINT LOUIS, MO 63141   |  |
| TITLE          | VPS                     | <input type="checkbox"/> Delete            |
| NAME           | DAVIS, LINDA S          |  |
| STREET ADDRESS | 300 ST PAUL PL          |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202     |  |
| TITLE          | EVP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | NICHOLS, R S            |  |
| STREET ADDRESS | 250 CARPENTER FREEWAY   |  |
| CITY-ST-ZIP    | IRVING, TX              |  |
| TITLE          | VP                      | <input type="checkbox"/> Delete            |
| NAME           | JONES, JOHN J           |  |
| STREET ADDRESS | 300 ST PAUL PLACE       |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202     |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PRESIDENT/DIRECTOR    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | EUGENE SCHULTZ        |  |
| STREET ADDRESS | 250 CARPENTER FREEWAY |  |
| CITY-ST-ZIP    | IRVING, TX 75062      |  |
| TITLE          | DIRECTOR/EXEC VP      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WILLIAM P. BECKMAN    |  |
| STREET ADDRESS | 1000 TECHNOLOGY DRIVE |  |
| CITY-ST-ZIP    | O'FALLON, MD 20304    |  |
| TITLE          | VP/ASST SECRETARY     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LINDA S. DAVIS        |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | EXEC VP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JAMES GARNER          |  |
| STREET ADDRESS | 300 ST PAUL PLACE     |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202   |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | ASST SEC/ASST TREAS   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | K.A. CANEDY           |  |
| STREET ADDRESS | 300 ST PAUL PLACE     |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202   |  |

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

3/21/05 410-332-3167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #