

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90010 049 \*\*\*150.00

**DOCUMENT # 851240**

1. Entity Name  
CITICORP HOME EQUITY, INC.



Principal Place of Business  
300 ST. PAUL PLACE  
BALTIMORE, MD 21202

Mailing Address  
300 ST. PAUL PLACE  
BSP17D- LEGAL DEPT  
BALTIMORE, MD 21202 US

30000760



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-1264213

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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, 2008 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 SCHNEIDER, JAMES W  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE TD  
NAME SCHNEIDER, EDWARD J  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE, MD 21202

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

TITLE ASAT  
NAME CANEDY, K.A.  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE, MD

TITLE VD  
NAME MURPHY, J.P.  
STREET ADDRESS 300 ST PAUL PLACE  
CITY-ST-ZIP BALTIMORE, MD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 K.A. CANEDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/08 410-332-3567