

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852528

FILED
Apr 09, 2009
Secretary of State

Entity Name: CITIFINANCIAL SERVICES, INC. (DE)

Current Principal Place of Business:

300 ST. PAUL PLACE
BALTIMORE, MD 21202

New Principal Place of Business:

300 ST. PAUL PLACE
BALTIMORE, MD 21202 US

Current Mailing Address:

300 ST. PAUL PLACE
BALTIMORE, MD 21202

New Mailing Address:

P.O. BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 52-0799008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MURPHY, J.P.
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD

Title: PD () Delete
Name: SCHNEIDER, JAMES W
Address: 300 ST. PAUL PL
City-St-Zip: BALTIMORE, MD 21202

Title: VPS () Delete
Name: DAVIS, LINDA S
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: TD () Delete
Name: SCHNEIDER, EDWARD J
Address: 300 ST. PAUL PL
City-St-Zip: BALTIMORE, MD 21202

Title: AS (X) Delete
Name: CANEDY, K.A.
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHNEIDER, JAMES W
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: T (X) Change () Addition
Name: LECHNER, GREGORY
Address: 300 ST. PAUL PL
City-St-Zip: BALTIMORE, MD 21202

Title: VP S (X) Change () Addition
Name: DAVIS, LINDA S
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: AS (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AS

04/09/2009

Electronic Signature of Signing Officer or Director

Date