

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 025 ***150.00

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1. Entity Name
**CHESAPEAKE APPRAISAL AND SETTLEMENT
SERVICES INC.**



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

Mailing Address
**300 ST. PAUL PLACE
BALTIMORE, MD 21202**

94029476



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1967868	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

**C T CORPORATION SYSTEM
1200 SOUTH 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, 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	P
NAME	MYER, LAURA E
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	V
NAME	HAYWARD, MICHELLE L
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	CONT
NAME	MCDOWELL, MARY
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	S
NAME	BAER, TERESA M
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	AV
NAME	SOLOMON, J H
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

TITLE	D
NAME	AGNELLO, R C
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerusalem Baer 3/3/04 (410)332.
Secretary Date Daytime Phone 3000