

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

DOCUMENT # F02000002478

1. Entity Name
CHESAPEAKE APPRAISAL AND SETTLEMENT
SERVICES INC.



03-22-2006 90230 001 ****50.00
03-22-2006 90230 002 ****100.00

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

Mailing Address
300 ST. PAUL PLACE
BSP170- LEGAL DEPT
BALTIMORE, MD 21202

66006528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
52-1967868

Applied For
Not Applicable

Zip

Country

Zip

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	MYER, LAURA E	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYWARD, MICHELLE L	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	CONT	<input checked="" type="checkbox"/> Delete
NAME	MCDOWELL, MARY	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAER, TERESA M	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, J H	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGNELLO, R C	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. SCHNEIDER	
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	TREAS DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD J. SCHNEIDER	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VPI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA S. DAVIS	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VPI/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES P. MURPHY	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AS/AT	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. A. Canedy K. A. CANEDY 3/7/06 410-332-3067