

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 002 ***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
BSP17D- LEGAL DEPT
BALTIMORE, MD 21202**

40071640



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1967868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHNEIDER, JAMES W
300 ST PAUL PLACE
BALTIMORE, MD 21202**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MURPHY, JAMES
300 ST. PAUL PLACE
BALTIMORE, MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASAT
CANODY, K.A. *CANODY, K.A.*
300 ST. PAUL PLACE
BALTIMORE, MD 21202**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K.A. Canody **K.A. CANODY** **4/6/07** **410-332-3067**