

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-04-2008 90010 048 \*\*\*150.00

**DOCUMENT # F02000002478**

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**



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-1967868</b>	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. 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	V
NAME	HAYWARD, MICHELLE L
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	VPD
NAME	MURPHY, JAMES
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	ASAT
NAME	CANADY, K.A.
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	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: K. A. Canady 3/28/08 410-332-3067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #