

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000269

Entity Name: 1ST FINANCIAL, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

2014 INDUSTRIAL DR.
ANNAPOLIS, MD 21401

New Principal Place of Business:

703 BESTGATE ROAD
SUITE 100
ANNAPOLIS, MD 21401

Current Mailing Address:

2014 INDUSTRIAL DR.
ANNAPOLIS, MD 21401

New Mailing Address:

703 BESTGATE ROAD
SUITE 100
ANNAPOLIS, MD 21401

FEI Number: 04-3694338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: RUBERG, SUSAN
Address: 2014 INDUSTRIAL DR.
City-St-Zip: ANNAPOLIS, MD 21401

Title: V () Delete
Name: ELDER, THOMAS
Address: 2014 INDUSTRIAL DR.
City-St-Zip: ANNAPOLIS, MD 21401

Title: V () Delete
Name: SHANNON, LISA S
Address: 2014 INDUSTRIAL DR.
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CLEMENTS, SUSAN M MRS
Address: 703 BESTGATE ROAD SUITE 100
City-St-Zip: ANNAPOLIS, MD 21401

Title: VP (X) Change () Addition
Name: SHANNON, LISA MS
Address: 703 BESTGATE ROAD SUITE 100
City-St-Zip: ANNAPOLIS, MD 21401

Title: VP (X) Change () Addition
Name: WALTERS, JONATHAN M MR.
Address: 703 BESTGATE ROAD SUITE 100
City-St-Zip: ANNAPOLIS, MD 21401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHAN M. WALTERS

VP

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date