


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90082 026 \*\*\*150.00

<b>DOCUMENT # F04000000930</b> 1. Entity Name <b>CITIFINANCIAL COMPANY (DE)</b>					
Principal Place of Business <b>300 ST. PAUL PLACE BALTIMORE, MD 21202</b>				Mailing Address <b>300 ST. PAUL PLACE BALTIMORE, MD 21202</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc. <i>OSP/7D - Legal Dept</i>		<b>30031575</b>	
City & State		City & State		4. FEI Number <b>52-1008409</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRECCO, FRANK J		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES P		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<i>DIRECTOR/TREASURER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMOLEY, DAVID A		NAME	<i>C. PANCHANADESWARAN</i>	
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS	<i>300 ST. PAUL PLACE</i>	
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	<i>BALTIMORE, MD 21202</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<i>Asst Sec/Asst TREAS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURLEY, ROBERT M		NAME	<i>R. A. CANNEDY</i>	
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS	<i>300 ST. PAUL PLACE</i>	
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	<i>BALTIMORE, MD 21202</i>	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<i>Vice Pres/Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LINDA S		NAME	<i>LINDA S. DAVIS</i>	
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, TERESA M		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>R. A. Cannedy</i> <b>R. A. CANNEDY</b> <i>3/21/05</i> <b>410-332-3067</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					