

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90010 006 ***150.00

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1. Entity Name
CITIFINANCIAL COMPANY (DE)



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

Mailing Address
**300 ST. PAUL PLACE
BSP17D - LEGAL DEPT
BALTIMORE, MD 21202**

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1008409	Applied For 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 _____

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, 2008 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	DVP MURPHY, JAMES P 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNEIDER, EDWARD J 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT CANEDY, K A 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	AS BAER, TERESA M 300 ST. PAUL PLACE BALTIMORE, MD 21202

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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. Canedy **K. A. Canedy**

3/28/08 **3/28/08**

410-332-3067 **410-332-3067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #