2005 FOR PROFIT CORPORATION

NAME

STREET ADDRESS

CITY-ST-7IP

BAER, TERESA M

300 ST PAUL PLACE

BALTIMORE, MD 21202

Mar 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F04000000932** 03-28-2005 90082 027 ***150 00 1. Entity Name CITIFINANCIAL, INC. (OH) Principal Place of Business Mailing Address 300 ST PAUL PLACE 300 ST PAUL PLACE 50031574 BALTIMORE, MD 21202 BALTIMORE, MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03142005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 31-0890161 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ ☐ Delete TITLE TITLE ☐ Change ☐ Addition PETRECCO, FRANK J NAME STREET ADDRESS STREET ADDRESS 300 ST PAUL PLACE CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-7IP DVP TITLE Delete TITLE ☐ Change ☐ 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 Delete TETI F Change Addition NAME SMOLEY, DAVID A NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP Delete TITLE TITLE Addition HURLEY, ROBERT M NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP VPAS SECRETARY Change TITLE ☐ Delete TITLE DAVIS, LINDA S NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS 900 St. 1 CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP MD &1202 TITLE AS ☐ Delete ☐ Change TITLE Addition

FILED

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 Statutos. 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OF DIRECTO