

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2005 90082 025 ***150.00

DOCUMENT # F04000000933

1. Entity Name
CITIFINANCIAL, INC. (TX)



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

Mailing Address
**300 ST. PAUL PLACE
BALTIMORE, MD 21202**

50031576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BSP170-LEGAL Dept

03142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-2855422

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PETRECCO, FRANK J	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES P	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SMOLEY, DAVID A	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HURLEY, ROBERT M	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA S	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BAER, TERESA M	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST SEC/ASST TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K.A. CANEDY	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DIRECTOR/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B. PANCHANADESWARAN	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VICE PRES/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA S. DAVIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

K.A. Canedy K.A. CANEDY

3/21/05

410-332-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #