2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # F04000000934 03-22-2006 90214 001 ***100.00 03-22-2006 90214 002 ****50.00 CITIFINANCIAL, INC. (NY) Principal Place of Business Mailing Address 300 ST. PAUL PLACE 300 ST. PAUL PLACE 66006480 BALTIMORE, MD 21202 BSP17D-LEGAL DEPT BALTIMORE, MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 52-0278529 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **D**elete TITLE Change ☐ Addition PETRECCO, FRANK J NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP 21202 DVP TITLE ☐ Defete TITLE ☐ Change Addition MURPHY, JAMES P NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PANCHANADES, WARAN B NAME NAME STREET ADDRESS 300 ST, PAUL PLACE STREET ADDRESS UIACE-CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP SVPS ☐ Delete ☐ Change ☐ Addition DAVIS, LINDA S NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition BAER, TERESA M NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS BALTIMORE, MD 21202 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7iP 12. Thereby certify that the information supplied with this filling 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

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