

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

DOCUMENT # F04000000973

1. Entity Name
CITIFINANCIAL SERVICES, INC.



03-22-2006 90216 001 ***100.00
03-22-2006 90216 002 ****50.00

66006486



01302006 Chg-P CR2E034 (11/05)

4. FEI Number
52-0278514
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 checked="" type="checkbox"/> Delete
NAME	PETRECCO, FRANK J	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES P	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	CANEDY, K.A.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PANCHANADES, WARAN	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VS	<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	PRES/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES G. SCHNEIDER	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. SCHNEIDER	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
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		

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 3/7/06 410-332-3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #