

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F04000000973

1. Entity Name
CITIFINANCIAL SERVICES, INC.



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

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



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1000000706811
04/24/07-80050-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHNEIDER, JAMES W
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	DV
NAME	MURPHY, JAMES P
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	ASAT
NAME	CANEDY, K.A.
STREET ADDRESS	300 ST PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	T
NAME	SCHNEIDER, EDWARD J
STREET ADDRESS	300 ST PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VS
NAME	DAVIS, LINDA S
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	BAER, TERESA M
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #