

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F04000001168

1. Entity Name

CITIFINANCIAL SERVICES, INC. (PA)



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

56-1241990

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

1100000706613
04/24/07-80041-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHNEIDER, JAMES W
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE DVP
NAME MURPHY, JAMES P
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 VPS
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

TITLE ASAT
NAME CANEDY, K.A.
STREET ADDRESS 300 ST PAUL PL
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 #

K.A. Canedy **K.A. Canedy** 4/16/2007 410-332-3067