

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90010 043 ***150.00

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1. Entity Name
CITIFINANCIAL SERVICES, INC. (MA)



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

Mailing Address
300 ST. PAUL PLACE
BALTIMORE, MD 21202



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3474891

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, 2008 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
NAME SCHNEIDER, JAMES W
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE VD
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 VS
NAME DAVIS, LINDA S
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE TD
NAME SCHNEIDER, EDWARD J
STREET ADDRESS 300 ST PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE AS
NAME BAER, TERESA
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 21202

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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: K. A. Canedy K. A. CANEDY 3/28/08 410-332-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #