## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000360

Name:

Address:

City-St-Zip:

KELLY, DONNA L

1225 INDUSTRIAL BLVD., 2ND FLOOR

SOUTHAMPTON, PA 18966 US

Entity Name: CITIZENS FINANCIAL MORTGAGE, INC.

FILED Jan 14, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	JSTRIAL BLV MPTON, PA 1	D., 2ND FLOOR 8966 US			
Current Mailing Address:			New Mailing Address:		
	JSTRIAL BLVI MPTON, PA 1	D., 2ND FLOOR 8966 US			
FEI Number	: 68-0584838	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SUITE 4 WESTON	e of Florida.	S	purpose of changing its registered	d office or registered agent, or both,	
		nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SOLOMON, S 1225 INDUST	) Delete COTT L RIAL BLVD., 2ND FLOOR DN, PA 18966 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GABER, RAM 1225 INDUST	) Delete ON RIAL BLVD., 2ND FLOOR ON, PA 18966 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	s (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT L. SOLOMON CP 01/14/2009