

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002554

FILED
Mar 11, 2009
Secretary of State

Entity Name: KENSINGTON FINANCE, INC.

Current Principal Place of Business:

1930 WEST STREET SUITE 100
ANNAPOLIS, MD 21401

New Principal Place of Business:

Current Mailing Address:

1930 WEST STREET SUITE 100
ANNAPOLIS, MD 21401

New Mailing Address:

FEI Number: 52-1657486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JJR MANAGEMENT SERVI, CES, INC.
Address: 1930 WEST STREET SUITE 100
City-St-Zip: ANNAPOLIS, MD 21401

Title: VCD () Delete
Name: FITZGERALD, JOHN J III
Address: 6364 WINPENNY DR
City-St-Zip: FREDERICK, MD 21702

Title: DPT () Delete
Name: CASH, JAMES W
Address: 14921 SPRINGFIELD RD.
City-St-Zip: DARNESTOWN, MD 20874

Title: DS () Delete
Name: FITZGERALD, DOROTHY M
Address: 9624 GLENCREST LANE
City-St-Zip: KENSINGTON, MD 20895

Title: VP () Delete
Name: GARNETT, BRENT R
Address: 267 SOUTHDAL CT
City-St-Zip: DUNKIRK, MD 20754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: JJF MANAGEMENT SERVI, CES, INC.
Address: 1930 WEST STREET SUITE 100
City-St-Zip: ANNAPOLIS, MD 21401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RONALD S. JAFFE

AST

03/11/2009

Electronic Signature of Signing Officer or Director

Date