

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90082 035 \*\*\*150.00

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|--|--|---|--|--|--|
| <b>DOCUMENT # F93000002339</b>   |  |   |  |  |  |
| <b>1. Entity Name</b><br>CITIFINANCIAL AUTO LTD., INC. (MN)  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>250 CARPENTER FREEWAY<br>IRVING, TX 75062  |  |   | <b>Mailing Address</b><br>300 ST PAUL PLACE BSP 100<br>BALTIMORE, MD 21202   |  |  |
| <b>2. Principal Place of Business</b><br>2208 Highway 121<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>300 St. Paul Place<br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br>Bedford, TX  |  | City & State<br>Baltimore, MD   |  | 03142005    Chg-P    CR2E034 (10/03)   |  |
| Zip<br>76021   |  | Zip<br>21202  |  | <b>4. FEI Number</b><br>41-1664848   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | Applied For<br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION, FL 33324  |  |   | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| Name   |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |  |
| City   |  |   | FL    Zip Code   |  |  |
| <b>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.</b>   |  |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>BAYLESS, JERRY W<br><b>STREET ADDRESS</b><br>2208 HIGHWAY #121, SUITE 100<br><b>CITY-ST-ZIP</b><br>BEDFORD, TX 76021  | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>President/Director<br><b>NAME</b><br>Mary McDowell<br><b>STREET ADDRESS</b><br>2208 Highway 121<br><b>CITY-ST-ZIP</b><br>Bedford, TX 76021     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>GOFF, HARRY D<br><b>STREET ADDRESS</b><br>15800 JOHN J DELANEY DR<br><b>CITY-ST-ZIP</b><br>CHARLOTTE, NC 28277   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>TREASURER/SR VP/DIRECTOR<br><b>NAME</b><br>Paul DANEK<br><b>STREET ADDRESS</b><br>2208 Highway 121<br><b>CITY-ST-ZIP</b><br>Bedford, TX 76021  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>EVP<br><b>NAME</b><br>NICHOLS, R. STEPHEN<br><b>STREET ADDRESS</b><br>250 CARPENTER FREEWAY<br><b>CITY-ST-ZIP</b><br>IRVING, TX 75062  | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>DAVID SATTERFIELD<br><b>STREET ADDRESS</b><br>2208 Highway 121<br><b>CITY-ST-ZIP</b><br>Bedford, TX 76021           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>DVPS<br><b>NAME</b><br>WONG, MARTIN J<br><b>STREET ADDRESS</b><br>300 ST PAUL PLACE<br><b>CITY-ST-ZIP</b><br>BALTIMORE, MD 21202   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>SECRETARY<br><b>NAME</b><br>TERESA M. BAER<br><b>STREET ADDRESS</b><br>300 St. Paul Place<br><b>CITY-ST-ZIP</b><br>BALTIMORE, MD 21202         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>SVP<br><b>NAME</b><br>BAIN, D.W. DAVID<br><b>STREET ADDRESS</b><br>250 CARPENTER FREEWAY<br><b>CITY-ST-ZIP</b><br>IRVING, TX 75062   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>Asst Sec/Asst Treas<br><b>NAME</b><br>K.A. CANNEDY<br><b>STREET ADDRESS</b><br>300 St. Paul Place<br><b>CITY-ST-ZIP</b><br>BALTIMORE, MD 21202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>JONES, JOHN I<br><b>STREET ADDRESS</b><br>300 ST PAUL PLACE<br><b>CITY-ST-ZIP</b><br>BALTIMORE, MD 21202  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>K.A. Cannedy</u> <u>K.A. Cannedy</u> <u>3/21/05</u> <u>410-332-3067</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #  |  |   |  |  |  |