

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90035 001 ***100.00

03-23-2006 90035 002 ****50.00

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1. Entity Name

CITIFINANCIAL AUTO LTD., INC. (MN)



Principal Place of Business

2208 HWY 121
BEDFORD, TX 76021

Mailing Address

300 ST PAUL PLACE BSP 100
BSP17D - LEGAL DEPT
BALTIMORE, MD 21202

66006634



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1664848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDOWELL, MARY
STREET ADDRESS 2208 HWY 121
CITY-ST-ZIP BEDFORD, TX 76021

TITLE TVPD
NAME PANEK, PAUL
STREET ADDRESS 2208 HWY 121
CITY-ST-ZIP BEDFORD, TX 76021

TITLE D
NAME SATTERFIELD, DAVID
STREET ADDRESS 2208 HWY 121
CITY-ST-ZIP BEDFORD, TX 76021

TITLE ASAT
NAME CANEDY, K A
STREET ADDRESS 300 ST PAUL PL
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE SVP
NAME BAIN, D.W. DAVID
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE VP
NAME JONES, JOHN I
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #