

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003665

1. Entity Name

CITIFINANCIAL MORTGAGE COMPANY

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90036 046 \*\*\*150.00

Principal Place of Business

Mailing Address

ST. PAUL PLACE  
TIMORE MD 21202

300 ST. PAUL PLACE  
BALTIMORE MD 21202-2120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2179291

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS GOFF, HARRY D  
CITY-ST-ZIP 227 WEST TRADE ST  
CHARLOTTE NC 28202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME CEOV  
STREET ADDRESS FISCHER, RAYMOND L JR  
CITY-ST-ZIP 300 ST. PAUL PLACE  
BALTIMORE MD 21202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME V  
STREET ADDRESS DUVAL, JOHN B III  
CITY-ST-ZIP 300 ST. PAUL PLACE  
BALTIMORE MD 21202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME VS  
STREET ADDRESS WONG, MARTIN J  
CITY-ST-ZIP 300 ST. PAUL PLACE  
BALTIMORE MD 21202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS HURLEY, ROBERT  
CITY-ST-ZIP 300 ST. PAUL PLACE  
BALTIMORE MD 21202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 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 #

CR2E034 (9/99)