

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90095 019 ***150.00

0621723 AT

DOCUMENT # L43257

1. Entity Name
CITIFINANCIAL MORTGAGE LOAN CORPORATION



Principal Place of Business
**250 E CARPENTER FRWY
CORP TAX DEPT
IRVING TX 75062
US**

Mailing Address
**300 ST. PAUL PLACE
BSP100
BALTIMORE MD 21202
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3689286**

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GOFF, HARRY D**
STREET ADDRESS **15800 JOHN J. DELANCY DRIVE**
CITY-ST-ZIP **IRVING TX**

TITLE ☒ Change ☐ Addition
NAME **15800 John J Delaney Dr. Suite 450**
STREET ADDRESS **Charlotte, NC 28277**
CITY-ST-ZIP

TITLE **EVD** ☐ Delete
NAME **LOWMAN, DAVID**
STREET ADDRESS **12855 N. OUTER FORTY DRIVE**
CITY-ST-ZIP **SAINT LOUIS MO 63141**

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

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

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

TITLE **VP** ☐ Delete
NAME **JONES, JOHN I**
STREET ADDRESS **300 ST. PAUL PLACE**
CITY-ST-ZIP **BALTIMORE MD 21202**

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

TITLE **EVP** ☐ Delete
NAME **NICHOLS, R S**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **IRVING TX**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED *John I Jones* *3/21/03* *(410) 332-3000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)