2005 FOR PROFIT CORPORATION ANNUAL REPORT

BALTIMORE, MD

Mar 28, 2005 8:00 am **Secretary of State** DOCUMENT # P32134 03-28-2005 90082 032 ***150.00 1. Entity Name CITIFINANCIAL EQUITY SERVICES, INC. Principal Place of Business Mailing Address 50031569 ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT 300 ST. PAUL PLACE 300 ST. PAUL PLACE BALTIMORE, MD 21202 BALTIMORE, MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03142005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 52-0278534 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PETRECCO, FRANK J NAME 300 ST PAUL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21202 ÇITY-ŞT-ZIP TITLE ☐ Delete Сhалде ☐ Addition MURPHY, J.P. NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD CITY-ST-ZIP VD TITLE **D**elete TITLE ☐ Change Addition SMOLEY, DA NAME NCARNAGESWARA NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD CITY-ST-ZIP VS TITLE Delete TITLE Addition NAME WONG, M.J. NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS BALTIMORE, MD CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change HURLEY, ROBERT M NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS MD 21262 CITY-ST-ZIP BALTIMORE, MD 21202 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition JONES, J.I. NAME NAME STREET ADDRESS 300 ST PAUL PLACE 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)(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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED