

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90010 044 \*\*\*150.00

**DOCUMENT # P32134**

1. Entity Name  
**CITIFINANCIAL EQUITY SERVICES, INC.**



Principal Place of Business

**ATTN: LEGAL DEPT  
300 ST. PAUL PLACE  
BALTIMORE, MD 21202**

Mailing Address

**ATTN: LEGAL DEPT  
300 ST. PAUL PLACE  
BALTIMORE, MD 21202**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02282008

Chg-P

CR2E034 (12/06)

4. FEI Number

**52-0278534**

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 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

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, 2008 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	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JAMES	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, J.P.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, EDWARD J	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA S	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANEDY, K A	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JONES, J.I.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *K.A. Canedy* **K.A. CANEDY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/08* **3/25/08**

Date

*410-332-3067* **410-332-3067**

Daytime Phone #