2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32134

Address:

300 ST PAUL PLACE

City-St-Zip: BALTIMORE, MD 21202

Entity Name: CITIFINANCIAL EQUITY SERVICES, INC

FILED Apr 10, 2009 Secretary of State

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| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| ATTN: LEGAL DEPT 300 ST. PAUL PLACE BALTIMORE, MD 21202 | | | 300 ST. PA BALTIMOR | 300 ST. PAUL PLACE BALTIMORE, MD 21202 | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| ATTN: LEGAL DEPT 300 ST. PAUL PLACE BALTIMORE, MD 21202 | | | PO BOX 30 | ATTN: TAX & REPORTING PO BOX 30509 TAMPA, FL 33631 | | |
| FEI Number: 52-0278534 FEI Number Applied For () | | FEI Number Not Appl | olicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| 1200 S. PII PLANTATI | DRATION SYST NE ISLAND RO ON, FL 33324 | AD US | | | | |
| 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: | | | | | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD ()[SCHNEIDER, JAI 300 ST PAUL PL BALTIMORE, MD | ACE | Title: Name: Address: City-St-Zip: | (| () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD ()[MURPHY, J.P. 300 ST PAUL PL BALTIMORE, MD | | Title: Name: Address: City-St-Zip: | VPSD (DAVIS, LINDA 300 ST PAUL BALTIMORE, | . PLACE | |
| Title: Name: Address: City-St-Zip: | TD ()[SCHNEIDER, ED 300 ST PAUL PL BALTIMORE, MD | ACE | Title: Name: Address: City-St-Zip: | TD (LECHNER, G 300 ST PAUL BALTIMORE, | . PLACE | |
| Title: Name: Address: City-St-Zip: | SVPS ()[DAVIS, LINDA S 300 ST PAUL PL BALTIMORE, MD | | Title: Name: Address: City-St-Zip: | AS (BAER, TERE: 300 ST PAUL BALTIMORE, | . PLACE | |
| Title: Name: | AS ()[CANEDY, K A | Delete | Title: Name: | AS (HOFFMAN, L | (X) Change ()Addition ISA | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3800 CITIGROUP CENTER

TAMPA, FL 33610

SIGNATURE: LISA HOFFMAN AS 04/10/2009