

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90010 004 ***150.00

DOCUMENT # P36535

1. Entity Name
CITIFINANCIAL AUTO CREDIT, INC.



Principal Place of Business
4000 REGENT BLVD
IRVING, TX 75063 US

Mailing Address
300 ST. PAUL PLACE
BSP17D- LEGAL DEPT.
BALTIMORE, MD 21202 US

40058423



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

75-2252996

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 S. 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. 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	CHADIBA, RAJNE	
STREET ADDRESS	4000 REGENT BLVD	
CITY-ST-ZIP	IRVING, TX 75063	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAER, TERESA M	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PANEK, PAUL	
STREET ADDRESS	4000 REGENT BLVD	
CITY-ST-ZIP	IRVING, TX 75063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, AMY	
STREET ADDRESS	4000 REGENT BLVD	
CITY-ST-ZIP	IRVING, TX 75063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA S	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	CANEDY, K.A.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
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

3/28/08

410-332-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #