



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 21751		2. Name of Corporation CAPITAL FINANCIAL SERVICES INC.		
3. Street Address Principal Business Office 2700 SANDERS ROAD			City PROSPECT HEIGHTS	State IL
			Zip 60070	
4. Business Phone No. 847-564-5000		5. State of Incorporation NEVADA		
6. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name GARY R. ESPOSITO		Vice President Name K. MADISON		
Street Address 3023 HSBC WAY		Street Address 2700 SANDERS ROAD		
City FT. MILL	State SC	Zip 29707	City PROSPECT HEIGHTS	State IL
Secretary Name L. R. ABRAMS		Treasurer Name D. W. ANDERSON		
Street Address 2700 SANDERS ROAD		Street Address 2700 SANDERS ROAD		
City PROSPECT HEIGHTS	State IL	Zip 60070	City PROSPECT HEIGHTS	State IL
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		Director Name S. L. FUGITT		
Street Address 2700 SANDERS ROAD		Street Address 2700 SANDERS ROAD		
City PROSPECT HEIGHTS	State IL	Zip 60070	City PROSPECT HEIGHTS	State IL
Director Name K. MADISON		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
PROSPECT HEIGHTS	IL	60070	PROSPECT HEIGHTS	IL
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	COMMON	\$1.00	100	COMMON

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **FEB 11 2008**

Check No. **12159231**

By: **more**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph M. Angelo 2/4/2008 vml
Signature Date

JOSEPH M. ANGELO
Print or Type Name

ASSISTANT SECRETARY
Title