

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

## 2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(cc/d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 85966	2. Name of Corporation CITIFINANCIAL AUTO CORPORATION				
3. Street Address Principal Business Office 4000 REGENT BLVD			City IRVING	State TX	<sup>Zip</sup> 75063
4. Business Phone No. 5. State of Incorporation SOUTH CAROLIN			IA .		
6. Brief Description of the Character of FINANCIAL SERVICES	of Business Conducted in R	oode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA OF President Name ANTHONY Z. FEELL			CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address 4000 REGENT BLVD			Street Address		
City IRVING	State TX	<sup>Ζίρ</sup> 75063	City	State	Zip
Secretary Name TERESA M. BAER			Treasurer Name CALVIN BALLIET		
Street Address 300 ST. PAUL PLACE			Street Address 4000 REGENT BLVD		
BALTIMORE	State MD	<sup>Zip</sup> 21202	City IRVING	State TX	75063
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name ANTHONY Z. FEELL			ACHMENT) FILL IN SPACES BEFORE USING ATTACEMENTS,  Director Name		
Street Address 4000 REGENT BLVD			Street Address		
City IRVING	State TX	<i>2ip</i> 75063	City	State	Zip The Control of th
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
9. SHARES AUTHORIZED 2,000,000 common S	· -			("X" BOX FOR ATTACH	IMENT) 🗌
This information is referrit 100 even in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			505,000	COMMON	\$2.00
This report must be executed this report must be executed of	_	-	=	corporation is in the hands	of a receiver or trustee,

File Date. FILED			
Check No EB 1 0 2009	· · · · · · · · · · · · · · · · · · ·		
By By 5/2/21	6993		
TOR SPECIFIC CO	TE OSE ONLY		

Under penalty of perjury, I declare and affirm including any accompanying schedules and scontained herein are true and corner.	
Signature	Date
TERESA M. BAER	
Print or Type Name	
SECRETARY	
Title	