



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000545341</b>		2. Exact name of the Corporation <b>CF Network Receivables Corporation</b>			
3. Principal office address <b>300 St. Paul Place</b>		City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	
4. Business Phone No. <b>813-604-8115</b>		5. State of Incorporation <b>DE</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Finance servicing</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>James W. Schneider</b>		Vice-President Name <b>Linda S. Davis</b>			
Street Address <b>300 St. Paul Place</b>		Street Address <b>300 St. Paul Place</b>			
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
Secretary Name <b>(Assistant) Lisa A. Hoffman</b>		Treasurer Name <b>Gregory Lechner</b>			
Street Address <b>3800 Citigroup Center Drive</b>		Street Address <b>300 St. Paul Place</b>			
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33610</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>James W. Schneider</b>		Director Name <b>Gregory Lechner</b>			
Street Address <b>300 St. Paul Place</b>		Street Address <b>300 St. Paul Place</b>			
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
Director Name <b>Linda S. Davis</b>		Director Name <b>NONE</b>			
Street Address <b>300 St. Paul Place</b>		Street Address			
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City	State	Zip
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
This information is currently of record 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	
		0	Common	1.00	

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.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 24 2013**

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.

*Lisa A. Hoffman*  
Signature of Authorized Representative

*1-22-13*  
Date

**Lisa A. Hoffman**

Print or Type Name of Authorized Representative

By *MNC*  
*CH # 5113434235*