

1. Entity ID No.

## 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

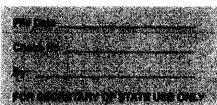
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2014

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

2. Exact name of the Corporation

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

21751	CAPIT	CAPITAL FINANCIAL SERVICES INC.				
3. Principal office address 26525 N RIVERWOODS BLVD STE 100			City METTAWA	State IL	Zip 60045	
4. Business Phone No. 224-880-7000			5. State of Incorporation NEVADA			
6. Brief description of the GENERAL PURPO		s conducted in Rhode Islan FION	d			
		er, eg græger sagge er a agressenage græger er eg ge er er stere er er elle til til stelle er er er elle til til stelle er	ent in the state of the state o			
President Name KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN			
Street Address 961 WEIGEL DR			Street Address 26525 N RIVERWOODS BLVD STE 100			
City ELMHURST	State IL	Zip <b>60126</b>	City METTAWA	State IL	Zip 60045	
Secretary Name LORETTA R ABRAMS			Treasurer Name JOHN P GRIFFIN			
Street Address 26525 N RIVERWO	ODS BLVD ST	E 100	Street Address 26525 N RIVER	WOODS BLVD STE	100	
City METTAWA	State IL	Zip <b>60045</b>	City METTAWA	State IL	Zip <b>60045</b>	
MOUNT CHECOCKE	(NAMES AND AD	PRESSES (*X-) BOX FOR	ATTACHMENT) Z			
Director Name KATHRYN MADISO	N		Director Name			
Street Address 961 WEIGEL DR			Street Address			
City ELMHURST	State IL	Zip <b>60126</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			IN SHARES WALLE			
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	COMMON	\$1.00	
This report must be execu		corporation by an authorize			of a receiver or trustee	



FILED

FEB 18 2014

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

Signature of Authorized Representative

**RICK L BEHNKE - ASSISTANT TREASURER** 

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

## CAPITAL FINANCIAL SERVICES INC.

## **Directors & Officers**

Director	Kathryn Madison	
Director	John P Griffin	
President	Kathryn Madison	
Vice President & Secretary	Loretta R. Abrams	
Vice President & Treasurer & Controller	John P. Griffin	
Assistant Vice President-Treasury	Perry J. Morelli	
Assistant Vice President and General Counsel	Rose C. Mancini	
Assistant Vice President	Donald J. (D.J.) Scarcello	
Assistant Vice President	Christina A. Kozaritz	
Assistant Vice President	Phyllis I. Johnston	
Assistant Vice President	Isabel Pierri-Isabelle	
Assistant Vice President	Ashraf R. Ibrahim	
Assistant Vice President	Connie F. Rogers	
Assistant Vice President	Carin Rodemoyer	
Assistant Vice President	Mary Beth Svoboda	
Assistant Vice President	Mark LoSacco	
Assistant Vice President	Megan L. Webster	
Assistant Vice President	Quandrea Fester	
Assistant Vice President	Angela Venator	
Assistant Vice President	Kiona Peters	
Assistant Vice President	Jose Churruca	
Assistant Secretary	Stella M. Flores	
Assistant Treasurer	James S. Stiegel	
Assistant Treasurer	Rick L. Behnke	
Assistant Secretary	Doreen Poplawski	
Assistant Secretary	Rose K. Patenaude	
Assistant Secretary	Darcie Oakes	
Assistant Secretary	Lynne C. Zaremba	