



## 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 2016

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>21751</b>	2. Exact name of CAPITAL I		ERVICES INC.					
3. Principal office address	1		City		State	Zip		
4. Business Phone No.			Elmhurs		IL	60(1	<i>حا</i> لــــــــــــــــــــــــــــــــــــ	
4. Business Phone No. 224-880-7000			5. State of Incorporation NEVADA					
6. Brief description of the charact GENERAL PURPOSE C	ORPORATION							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A President Name								
KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN					
Street Address 961 WEIGEL DR			Street Address 1421 W. SHURE DR. STE 100					
City ELMHURST	State IL	Zip <b>60126</b>	City ARLINGTON HEIGHTS State			Zip 60004		
Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN P GRIFFIN					
Street Address 1421 W. SHURE DR. STE 100			Street Address 1421 W. SHURE DR. STE 100					
ARLINGTON HEIGHTS	State IL	Zip 60004	ARLINGTON H	EIGHTS	State IL	Zip <b>6000</b>	4	
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR						
Director Name KATHRYN MADISON			Director Name					
Street Address 961 WEIGEL DR			Street Address RPC					
City ELMHURST	State IL	Zip 60126	City State			Zipl	RATI	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State Zip				
9. SHARES AUTHORIZED	ARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
			NUMBER OF SHARES	CLASS/SE		PAR VALUE		
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.			100	C	OMMON	\$1.00		
This report must be executed on to	behalf of the corpo his report must be e	ration by an authorize executed on behalf of	ed representative. If the the corporation by the i	corporation in the contract of	s in the hands ustee.	of a receiver of	or trustee,	
File Date			Under penalty of p this report, includi and that all statem	ng any acco	mpanying so	chedules and	statements,	
Check No		וו בר	11/1/			3/	1/16	
Ву:		ILED	Signature of Author	-			Date	
FOR SECRETARY OF STATE U	ISE ONLY	<b>0 9</b> 2016	RICK L BEHNI					
orm No. 630 levised: 01/2012	••••	11:5	Print or Type Name	of Authorize	d Representa	tive		

## CAPITAL FINANCIAL SERVICES INC.

## **Directors & Officers**

Director	Kathryn Madison			
Director	John P Griffin			
Descident				
President	Kathryn Madison			
Vice President and Secretary	Lynne Zaremba			
Vice President & Treasurer & Controller	John P. Griffin			
Assistant Vice President	Joseph J. Kelly			
Assistant Vice President and General Counsel	Rose C. Mancini			
Assistant Vice President	Donald 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	Rhonda Nitsche			
Assistant Vice President	Jose Churruca			
Assistant Secretary	Rose Patenaude			
Assistant Secretary	Stella M. Flores			
Assistant Treasurer	James S. Stiegel			
Assistant Treasurer	Rick L. Behnke			
Assistant Treasurer	Steven E. Smith			