


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F0400000269 1. Entity Name 1ST FINANCIAL, INC.	
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Principal Place of Business 703 BESTGATE ROAD SUITE 100 ANNAPOLIS, MD 21401	Mailing Address 703 BESTGATE ROAD SUITE 100 ANNAPOLIS, MD 21401
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3694338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLEMENTS, SUSAN M MRS 703 BESTGATE ROAD SUITE 100 ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHANNON, LISA MS 703 BESTGATE ROAD SUITE 100 ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, JONATHAN M MR. 703 BESTGATE ROAD SUITE 100 ANNAPOLIS, MD 21401
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M. Clements / Susan M Clements 1-16-07 410-841-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #