

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212549947

1.) CORPORATION NAME:

MONAGHAN, TILGHMAN & HOYLE, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1453291**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1104 Kenilworth Drive
Suite 301

CITY/ST/ZIP: Baltimore, MD 21204

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK MONAGHAN III	
TITLE:	PRESIDENT	
ADDRESS:	1104 Kenilworth Drive Suite 301	
CITY/ST/ZIP/CO:	Baltimore, MD 21204	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MALINKA HINKSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	340 MADISON AVENUE 20TH FLR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10173	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI M LIESER	
TITLE:	VICE PRESIDENT	
ADDRESS:	500 W MADISON SUITE 2400	
CITY/ST/ZIP/CO:	CHICAGO, IL 60661	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAMUEL HOYLE	
TITLE:	SECRETARY	
ADDRESS:	1104 Kenilworth Drive Suite 301	
CITY/ST/ZIP/CO:	Baltimore, MD 21204	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAMUEL HOYLE	
TITLE:	TREASURER	
ADDRESS:	1104 Kenilworth Drive Suite 301	
CITY/ST/ZIP/CO:	Baltimore, MD 21204	

NAME: Douglas W. Hammond TITLE: DIRECTOR ADDRESS: 340 Madison Avenue 20th Floor CITY/ST/ZIP/CO: New York, NY 10173	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRETT SCHNEIDER TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE 20TH FLR CITY/ST/ZIP/CO: NEW YORK, NY 10173	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	12/27/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		