

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213562386

1.) CORPORATION NAME:

MONAGHAN, TILGHMAN & HOYLE, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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 type="checkbox"/>	DIRECTOR
NAME:	LORI M LIESER				
TITLE:	VICE PRESIDENT				
ADDRESS:	500 W MADISON SUITE 2400				
	CHICAGO, IL 60661				

		<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				

		<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 type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DOUGLAS W. HAMMOND				
TITLE:	DIRECTOR				
ADDRESS:	340 MADISON AVENUE				
	20TH FLOOR				
CITY/ST/ZIP/CO:	NEW YORK, NY 10173				

NAME:	EVAN A. MICHAEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
	20TH FLR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10173		

NAME:	ANNEMARIE V. LONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1250 CAPITAL OF TEXAS HWY S		
	BLDG. 2		
CITY/ST/ZIP/CO:	AUSTIN, TX 78746		

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	12/30/2013
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.