

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841298 (3)

1. Corporation Name

CITICORP NORTH AMERICA, INC.



Principal Place of Business

**450 MAMARONECK AVE
HARRISON NY 10528**

Mailing Address

**450 MAMARONECK AVE
TAX DEPT. 3/13
HARRISON NY 10528
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

08/21/1978

3a. Date of Last Report

03/01/1995

4. FEI Number

13-2938684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	BAJO, THEODORE	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-STATE-ZIP	HARRISON, NEW YORK 1	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERRELL, LORETTA	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-STATE-ZIP	HARRISON, NEW YORK 1	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCH, T., MICHAEL	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-STATE-ZIP	HARRISON, NEW YORK 1	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	MCCOLLUM, DAVID G.	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-STATE-ZIP	HARRISON, NEW YORK 1	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTTERFIELD, PHILIP M.	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-STATE-ZIP	HARRISON, NEW YORK 1	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	LEFKO, WILLIAM R.	
STREET ADDRESS	450 MAMARONECK AVE	
CITY-STATE-ZIP	HARRISON NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

914 899 2336

Daytime Phone #

CR2E034 (12/95)