

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841298

1. Entity Name
CITICORP NORTH AMERICA, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90180 009 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2938684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Delete
NAME GOLDBERG, ROBERT R
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE SV ☐ Change ☒ Addition
NAME Marcy Engel
STREET ADDRESS 450 Mamaroneck Ave
CITY-ST-ZIP Harrison, NY 10528

TITLE V ☒ Delete
NAME LEFKO, WILLIAM R
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE D ☐ Change ☒ Addition
NAME Robert Lyndh
STREET ADDRESS 450 Mamaroneck Ave
CITY-ST-ZIP Harrison, NY 10528

TITLE P ☐ Delete
NAME MAGLIETTA, SALVATORE
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE V ☐ Change ☒ Addition
NAME John Armstrong
STREET ADDRESS 450 Mamaroneck Ave
CITY-ST-ZIP Harrison, NY 10528

TITLE CO ☒ Delete
NAME MCKENNA, JOHN
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE TV ☐ Change ☒ Addition
NAME Craig Lesley
STREET ADDRESS 450 Mamaroneck Ave
CITY-ST-ZIP Harrison NY 10528

TITLE D ☒ Delete
NAME DELFOE, ROBERT J
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE D. ☐ Change ☒ Addition
NAME Jolie Eisner
STREET ADDRESS 450 Mamaroneck Ave
CITY-ST-ZIP Harrison, NY 10528

TITLE D ☒ Delete
NAME MILLAR, JAMES JR
STREET ADDRESS 450 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

TITLE V ☐ Change ☒ Addition
NAME Patrick C. Smith
STREET ADDRESS 250 Carpenter Fwy, Irving, TX 75062

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick C. Smith SVP

4/26/02

(972) 652-3054

Date

Daytime Phone #

CR2E034 (9/01)