

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

04-26-2007 90227 009 ***150.00

DOCUMENT # F01000006591 1. Entity Name CITICORP CREDIT SERVICES, INC. (USA)			
Principal Place of Business 8787 BAYPINE RD JACKSONVILLE, FL 32256		Mailing Address 3800 CITIBANK CENTER SUITE 62-10 ATTN:CITICAPITAL FINANCIAL CONTROL TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/O Licensing</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 31224</i>	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip <i>33631</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VIKRAM, ATEL 1 COURT SQUARE LONG ISLAND CITY, NY 11120 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROBINSON, CHRISTOPHER 1 COURT SQUARE LONG ISLAND CITY, NY 11120 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JENKINS, MATTHEW 1400 CITICORPS WAY JACKSONVILLE, FL 32258 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KLEINBAUM, WENDY 1 COURT SQUARE LONG ISLAND CITY, NY 11120 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T. O'GRADY, JEROME 1 COURT SQUARE LONG ISLAND CITY, NY 11120 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS Lisa Hoffman 3800 Citibank Ctr Tampa, FL 33610 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS MARCHESE, JASON 3800 CITIBANK CENTER TAMPA, FL 33610 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS Donna Rallo 1 Court St. Long Island City, NY 11120 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <i>Lisa A. Hoffman</i> 7.18.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66020612



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0413661

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

FL Zip Code