

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90040 039 ***150.00

DOCUMENT # 856924

1. Corporation Name

CITICORP SERVICES, INC.

Principal Place of Business

C/O CT CORPORATION SYSTEM
8430 W. BRYN MAWR 8TH FLOOR
CHICAGO IL 60631

Mailing Address

8430 WEST BRYN MAWR AVENUE
CHICAGO IL 60631
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1983

4. FEI Number

13-6190676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

8430 W. Bryn Mawr Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th Floor Legal Department

City & State

City & State

Chicago, Illinois

Zip

Country

Zip

Country

60631

30

U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

TITLE ☐ DELETE

NAME
FADER, ROBERT A
STREET ADDRESS
8430 W BRYN MAWR AVE
CITY-ST-ZIP
CHICAGO IL 60631

TITLE ☐ DELETE

NAME
P
MACKENZIE, MARK E
STREET ADDRESS
8430 W BRYN MAWR AVE
CITY-ST-ZIP
CHICAGO IL 60631

TITLE ☐ DELETE

NAME
VCFO
PHISTRY, PHIL
STREET ADDRESS
8430 W BRYN MAWR AVE
CITY-ST-ZIP
CHICAGO IL 60631

TITLE ☐ DELETE

NAME
VAS
KIBBLE-SMITH, BRIAN
STREET ADDRESS
8430 W BRYN MAWR AVE
CITY-ST-ZIP
CHICAGO IL 60631

TITLE ☐ DELETE

NAME
T
UNGER, PAUL
STREET ADDRESS
6700 CITICORP DR.
CITY-ST-ZIP
TAMPA FL 33619

TITLE ☐ DELETE

NAME
VSC
KARNICK, LOREN
STREET ADDRESS
8430 W. BRYN MAWR
CITY-ST-ZIP
CHICAGO IL 60631

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

See attached for additional Directors.

14. 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 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, with another like empowered.

SIGNATURE:

Loren Karnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)