

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

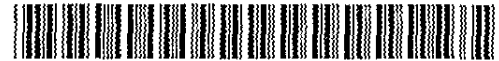
**DOCUMENT # 856924**

1. Entity Name  
**CITICORP ELECTRONIC FINANCIAL SERVICES, INC.**



Principal Place of Business  
**C/O CT CORPORATION SYSTEM  
8430 W. BRYN MAWR 8TH FLOOR  
CHICAGO, IL 60631**

Mailing Address  
**8430 W. BRYN MAWR AVENUE  
8TH FLOOR LEGAL DEPARTMENT  
CHICAGO, IL 60631 US**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-6190676**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	MARK, MACKENZIE
STREET ADDRESS	8430 W BRYN MAWR AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	P
NAME	MACKENZIE, MARK E
STREET ADDRESS	8430 W BRYN MAWR AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	VCFO
NAME	SANECKI, JAMES
STREET ADDRESS	8430 W BRYN MAWR AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	VAS
NAME	KIBBLE-SMITH, BRIAN
STREET ADDRESS	8430 W BRYN MAWR AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	T
NAME	UNGER, PAUL
STREET ADDRESS	6700 CITICORP DR.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP
NAME	GUZZI, JOHN M
STREET ADDRESS	8430 W. BRYN MAWR AVE.
CITY-ST-ZIP	CHICAGO, IL 60631

000000016113  
01/28/04-80040-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** \_\_\_\_\_ **John M. Guzzi**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 773-380-5175

Date Daytime Phone #