

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841298

**Entity Name:** CITICORP NORTH AMERICA, INC.**Current Principal Place of Business:**388 GREENWICH STREET  
38TH FLOOR  
NEW YORK, NY 10013**Current Mailing Address:**PO BOX 30509  
ATTN :TAX AND REPORTING  
TAMPA, FL 33631 US**FEI Number:** 13-2938684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR, CHAIRMAN  
Name FIKKE, JEROEN  
Address 388 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10013

Title TREASURER, VP  
Name SPADAFORA, VICTOR  
Address 1 COURT SQUARE  
City-State-Zip: LONG ISLAND CITY NY 11101

Title VP, SECRETARY  
Name WOLLARD, JOSEPH B  
Address 153 E 53RD STREET  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name O'CONNOR, PETER W  
Address 388 GREENWICH ST  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP  
Name HAVASI, EVELYN  
Address 390 GREENWICH ST  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name SHERIDAN, CAROLYN A  
Address 227 WEST MONROE ST  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name TREDICI, JOSEPH  
Address 111 WALL ST  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT TAX OFFICER  
Name SCHMIDT, JULIE  
Address 8800 HIDDEN RIVER PARKWAY  
City-State-Zip: TAMPA FL 33637

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE SCHMIDT**ASSISTANT TAX OFFICER** 04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CFO, COMPTROLLER, VP
Name	HARRIS, SAMUEL
Address	111 WALL ST
City-State-Zip:	NEW YORK NY 10005