

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852258

Entity Name: CITICORP HOME MORTGAGE SERVICES, INC.**Current Principal Place of Business:**1000 TECHNOLOGY DR
O'FALLON, MO 63368**Current Mailing Address:**PO BOX 30509
ATTN: TAX AND REPORTING
TAMPA, FL 33630 US**FEI Number:** 56-1317845**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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	SECRETARY
Name	WORLEY , DOUGLAS
Address	1000 TECHNOLOGY DR
City-State-Zip:	O'FALLON MO 63368

Title	ASSISTANT TAX OFFICER
Name	SCHMIDT, JULIE
Address	3800 CITIGROUP CENTER DRIVE
City-State-Zip:	TAMPA FL 33610

Title	PRESIDENT, DIRECTOR
Name	PINNIGER, ROBERT K
Address	388 GREENWICH STREET
City-State-Zip:	NEW YORK NY 10013

Title	DIRECTOR
Name	CRAMER, JASON
Address	6400 LAS COLINAS BLVD
City-State-Zip:	IRVING TX 75039

Title	DIRECTOR
Name	LUVAI, HARRISON
Address	1000 TECHNOLOGY DRIVE
City-State-Zip:	O'FALLON MO 63368

Title	CFO
Name	LEHMAN, SHANNON
Address	1000 TECHNOLOGY DRIVE
City-State-Zip:	O'FALLON MO 63368

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** 03/14/2024_____
Electronic Signature of Signing Officer/Director Detail_____
Date