

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006591

**Entity Name:** CITICORP CREDIT SERVICES, INC. (USA)**Current Principal Place of Business:**14000 CITI CARDS WAY  
JACKSONVILLE, FL 32258**Current Mailing Address:**PO BOX 30509  
TAX AND REPORTING  
TAMPA, FL 33631**FEI Number:** 51-0413661**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  
Name            JENKINS, MATTHEW W  
Address        14000 CITI CARDS WAY  
City-State-Zip: JACKSONVILLE FL 32258

Title            EVP/CFO, DIRECTOR  
Name            DIPAULA, WILLIAM  
Address        14000 CITI CARDS WAY  
City-State-Zip: JACKSONVILLE FL 32258

Title            TREASURER  
Name            MORRISON, DOUGLAS  
Address        701 E 60TH STREET NORTH  
City-State-Zip: SIOUX FALLS SD 57117

Title            SECRETARY  
Name            MAGRI, DEBORAH  
Address        14000 CITI CARDS WAY  
City-State-Zip: JACKSONVILLE FL 32258

Title            VP  
Name            HOFFMAN, LISA A  
Address        3800 CITIGROUP CENTER DRIVE  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR, CHAIRMAN, CEO  
Name            TANGUAY, SCOTT A  
Address        7920 NW 110 TH ST.  
City-State-Zip: KANSAS CITY MO 64153

Title            DIRECTOR, CHAIRMAN, CEO  
Name            TANGUAY, SCOTT A  
Address        7920 NW 110 TH ST.  
City-State-Zip: KANSAS CITY MO 64153

*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:** LISA A HOFFMAN

VP

04/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date