

2020 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 33630 US**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	CFO
Name	VANBOCKERN, DONNA
Address	5800 SOUTH CORPORATE PLACE
City-State-Zip:	SIOUX FALLS SD 57108

Title	DIRECTOR, CHAIRMAN
Name	BALLIET, MARVIN
Address	388 GREENWICH ST
City-State-Zip:	NEW YORK NY 10013

Title	SECRETARY
Name	BOYHER, JEFFERY
Address	1000 TECHNOLOGY DR
City-State-Zip:	O'FALLON MO 63368

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

Title	DIRECTOR
Name	DAVID, WINKLER SCOTT
Address	2 COURT SQUARE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	PRESIDENT, CEO, DIRECTOR
Name	WILTSHIRE-CRAINE, AMANDA
Address	388 GREENWICH STREET
City-State-Zip:	NEW YORK NY 10013

Title	DIRECTOR
Name	ROTEN, DENA
Address	605 MUNN RD
City-State-Zip:	FORT MILL SC 29715

Title	TREASURER
Name	NIERRAS, CATHERINE
Address	2 COURT SQUARE
City-State-Zip:	LONG ISLAND CITY NY 11101

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** 04/21/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date