

2016 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 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	TREASURER
Name	MORRISON, DOUGLAS
Address	701 E 60TH STREET NORTH
City-State-Zip:	SIOUX FALLS SD 57104

Title	DIRECTOR
Name	BALLIET, MARVIN
Address	399 PARK AVE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	BECK, ROBERT
Address	399 PARK AVE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	SOOHOO, SAMMY
Address	1 COURT SQUARE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	DIRECTOR
Name	SILVERMAN, CINDY
Address	153 EAST 53RD ST
City-State-Zip:	NEW YORK NY 10022

Title	PRESIDENT
Name	FISCELLA, JAMES
Address	11500 NORTH WEST AMBASSADOR DR
City-State-Zip:	KANSAS CITY MO 64153

Title	SECRETARY
Name	HAYWARD, MICHELLE
Address	6460 LAS COLINAS BLVD
City-State-Zip:	IRVING TX 75039

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

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** 04/19/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date