2018 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

FILED Apr 17, 2018

Secretary of State

CC0176888636

Officer/Director Detail:

Title CFO Title DIRECTOR, CHAIRMAN Name VANBOCKERN, DONNA Name BALLIET, MARVIN Address 701 E 60TH ST NORTH Address 388 GREENWICH ST City-State-Zip: NEW YORK NY 10013 City-State-Zip: SIOUX FALLS SD 57104

Title DIRECTOR Title DIRECTOR, PRESIDENT, CEO

NameO'DONNELL, LISANameSTRUB, ROBERTAddress605 MUNN RDAddress4600 HOUSTON RDCity-State-Zip:FORT MILL SC 29715City-State-Zip:FLORENCE KY 41042

Title DIRECTOR Title SECRETARY

NameSILVERMAN, CINDYNameBOYHER, JEFFERYAddress153 E 53RD STAddress1000 TECHNOLOGY DRCity-State-Zip:NEW YORK NY 10022City-State-Zip:O'FALLON MO 63368

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 04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date