2017 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		Title	DIRECTOR
Name	MORRISON, DOUGLAS		Name	BALLIET, MARVIN
Address	701 E 60TH STREET NORTH		Address	388 GREENWICH ST
City-State-Zip:	SIOUX FALLS SD 57104		City-State-Zip:	NEW YORK NY 10013
Title	DIRECTOR		Title	DIRECTOR, PRESIDENT
Name	BECK, ROBERT		Name	STRUB, ROBERT
Address	399 PARK AVE		Address	4600 HOUSTON RD
City-State-Zip:	NEW YORK NY 10022		City-State-Zip:	FLORENCE KY 41042
Title	DIRECTOR		Title	SECRETARY
Name	SILVERMAN, CINDY		Name	BOYHER, JEFFERY
Address	153 EAST 53RD ST		Address	1000 TECHNOLOGY DR
City-State-Zip:	NEW YORK NY 10022		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			

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   04/06/2017

Electronic Signature of Signing Officer/Director Detail   Date