

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 406898 (7)
1. Corporation Name
CITIBANK ACCEPTANCE SERVICE CORPORATION

Principal Place of Business: % CITIBANK, 8750 DORAL BLVD., MIAMI FL 33178
Mailing Address: % CITIBANK LEGAL DEPT., 500 W. MADISON ST., 8TH FLOOR, CHICAGO IL 60661

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 08/15/1972 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 59-1513649 | |
| 24 | Country | 29 | Country | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SASSI, RICK % CITIBANK 8750 DORAL BLVD. MIAMI FL 33178 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 300002513293-4 -05/05/98-01064-010 | | | |
| | | | | 84 City ****150.0FL ***P9800 | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DCFT <input type="checkbox"/> DELETE | 1.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCORT, NANCY | 1.2 NAME | Ann R. Bratton |
| STREET ADDRESS | 500 W MADISON ST | 1.3 STREET ADDRESS | 500 W. Madison, 8th Floor |
| CITY-ST-ZIP | CHICAGO IL | 1.4 CITY-ST-ZIP | Chicago, IL 60661 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TITLEY, JO-ANN BARR | 2.2 NAME | |
| STREET ADDRESS | 8750 DORAL BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33178 | 2.4 CITY-ST-ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALOMARES, CARLOS | 3.2 NAME | |
| STREET ADDRESS | 8750 DORAL BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33178 | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACTON, THOMAS F | 4.2 NAME | |
| STREET ADDRESS | 8750 DORAL BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33178 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOCK, DALE | 5.2 NAME | |
| STREET ADDRESS | ONE SANSOME STREET 27TH FLOOR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 5.4 CITY-ST-ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRATTON, ANN R. | 6.2 NAME | |
| STREET ADDRESS | 500 W MADISON ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 6.4 CITY-ST-ZIP | |

TLL MAY 1 1998

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann R. Bratton* Ann R. Bratton, Secretary 4/15/98 312-627-3718

CR2E034 (10/97)