2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 826673

Entity Name: CITICORP LEASING, INC.

Current Principal Place of Business:

450 MAMARONECK AVENUE
HARRISON, NY 10528 US

New Principal Place of Business:

Current Mailing Address:

C/O LICENSING
P.O. BOX 31226
TAMPA, FL 336313226

New Mailing Address:

C/O LICENSING
P.O. BOX 30509
TAMPA, FL 336313226

FEI Number: 13-2640703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, DAVID
Address: 450 MAMARONECK AVENUE
City-St-Zip: HARRISON, NY 10528

Title: AS (X) Delete
Name: MARCHESE, JASON
Address: 3800 CITIGROUP DR.
City-St-Zip: TAMPA, FL 33610

Title: S (X) Delete
Name: SCHULTZ, CURT
Address: 450 MAMARONECK AVENUE
City-St-Zip: HARRISON, NY 10528 US

Title: V (X) Delete
Name: BRAVENDER, LISA
Address: 3950 REGENT AVENUE
City-St-Zip: IRVING, TX 75063

Title: P (X) Delete
Name: ALEMANY, ELLEN
Address: 388 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change ( ) Addition
Name: COOK, ROBERT
Address: 3950 REGENT BLVD
City-St-Zip: IRVING, TX 75063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA A HOFFMAN AVP 04/23/2008

Electronic Signature of Signing Officer or Director — Date