

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840459 (2)

1. Corporation Name

CITICORP CREDIT SERVICES, INC.



Principal Place of Business

ONE COURT SQUARE, 29TH FLOOR
LONG ISLAND CITY NY 11120

Mailing Address

ONE COURT SQUARE, 29TH FLOOR
LONG ISLAND CITY NY 11120

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1978

3a. Date of Last Report

04/11/1995

4. FEI Number

13-2665911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	ARENA, ROBERTA	
STREET ADDRESS	1 COURT SQ	
CITY-STATE-ZIP	LONG ISLAND CITY NY 11120	
TITLE	CD	DELETE
NAME	STOJAK, JAMES R	
STREET ADDRESS	14700 CITICORP DR	
CITY-STATE-ZIP	HAGERSTOWN MD 1120	
TITLE	VPD	DELETE
NAME	MARINO, GARY	
STREET ADDRESS	ONE COURT SQUARE	
CITY-STATE-ZIP	LONG ISLAND CITY NY	
TITLE	VPD	DELETE
NAME	WAINHOUSE, CHARLES	
STREET ADDRESS	ONE COURT SQUARE	
CITY-STATE-ZIP	LONG ISLAND CITY NY	
TITLE	VPD	DELETE
NAME	BEITEL, GERARD P	
STREET ADDRESS	ONE COURT SQUARE	
CITY-STATE-ZIP	LONG ISLAND CITY NY	
TITLE	VPS	DELETE
NAME	SCHIFFRES, MICHAEL E.	
STREET ADDRESS	ONE COURT SQUARE	
CITY-STATE-ZIP	LONG ISLAND CITY NY	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	Change	Addition
1.2 NAME	James P. Redmond		
1.3 STREET ADDRESS	1 Court Sq		
1.4 CITY-STATE-ZIP	Long Island City, NY 11120		
2.1 TITLE	VP/D	Change	Addition
2.2 NAME	Richard A. Humberger		
2.3 STREET ADDRESS	1 Court Square		
2.4 CITY-STATE-ZIP	Long Island City, NY 11120		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)