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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 11120-0001

3. Date Incorporated or Qualified 04/14/1978  
3a. Date of Last Report 03/13/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-2665911		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ARENA, ROBERTA	1.1 TITLE	Director
NAME	1 COURT SQ	1.2 NAME	Boccione, Richard
STREET ADDRESS	LONG ISLAND CITY NY	1.3 STREET ADDRESS	1 COURT SQUARE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Long Island City, NY 11120
TITLE	CD STOJAK, JAMES R	2.1 TITLE	Director
NAME	14700 CITICORP DR	2.2 NAME	Herburger, Richard A.
STREET ADDRESS	HAGERSTOWN MD	2.3 STREET ADDRESS	1 COURT SQUARE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Long Island City, NY 11120
TITLE	VPD REDMOND, JAMES P.	3.1 TITLE	
NAME	1 COURT SQUARE	3.2 NAME	
STREET ADDRESS	LONG ISLAND CITY NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD WAINHOUSE, CHARLES	4.1 TITLE	
NAME	ONE COURT SQUARE	4.2 NAME	
STREET ADDRESS	LONG ISLAND CITY NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD BEITEL, GERARD P	5.1 TITLE	
NAME	ONE COURT SQUARE	5.2 NAME	
STREET ADDRESS	LONG ISLAND CITY NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPS SCHIFFRES, MICHAEL E.	6.1 TITLE	
NAME	ONE COURT SQUARE	6.2 NAME	
STREET ADDRESS	LONG ISLAND CITY NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Michael Schiffres* VP/Secretary

1/8/97 718 248 5708

CR2E034 (9/96)