

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **840459**
1. Corporation Name
CITICORP CREDIT SERVICES, INC.

(2)



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1978

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip 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 fee, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME ~~ARENA, ROBERTA~~
STREET ADDRESS **1 COURT SQ**
CITY-ST-ZIP **LONG ISLAND CITY NY**

☒ DELETE

TITLE **CD**
NAME ~~OTOJAK, JAMES R~~
STREET ADDRESS **14700 CITICORP DR**
CITY-ST-ZIP **HAGERSTOWN MD**

☐ DELETE

TITLE **VPD**
NAME **REDMOND, JAMES P.**
STREET ADDRESS **1 COURT SQUARE**
CITY-ST-ZIP **LONG ISLAND CITY NY**

☐ DELETE

TITLE **VPD**
NAME **WAINHOUSE, CHARLES**
STREET ADDRESS **ONE COURT SQUARE**
CITY-ST-ZIP **LONG ISLAND CITY NY**

☐ DELETE

TITLE **VPD**
NAME **BEITEL, GERARD P**
STREET ADDRESS **ONE COURT SQUARE**
CITY-ST-ZIP **LONG ISLAND CITY NY**

☐ DELETE

TITLE **VPS**
NAME **SCHIFFRES, MICHAEL E.**
STREET ADDRESS **ONE COURT SQUARE**
CITY-ST-ZIP **LONG ISLAND CITY NY**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director**
1.2 NAME **Sami Siddiqui**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *M. Schifres*

1/21/98 718-248-5708

CP2E034 (10/97)