

2002 UNIFORM BUSINESS REPORT (UBR)

0618876 AT

DOCUMENT # **840459**

1. Entity Name
CITICORP CREDIT SERVICES, INC.

FILED
02 DEC 10 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE **02**

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2665911**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
800002999408
12/10/02--01080--004 **200.00
City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB SIDDIQUI, SAMI 1 COURT SQ LONG ISLAND CITY NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATAL, VIK 1 COURT SQUARE LONG ISLAND CITY NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREIBERG, STEVEN ONE COURT SQUARE LONG ISLAND CITY NY-11120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KESSINGER, KEVIN ONE COURT SQUARE LONG ISLAND CITY NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHIFFRES, MICHAEL E. ONE COURT SQUARE LONG ISLAND CITY NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KLEINBAUM, WENDY ONE COURT SQUARE LONG ISLAND CITY NY 11120 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800002999408 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/14/02--01037--021 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ashok Vaswani One Court Square Long Island City, NY 11120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Assistant Sec. 11/1/02 718-248-5716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)