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ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841298 (3)

1. CITICORP NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
450 MAMARONECK AVE HARRISON NY 10528	450 MAMARONECK AVE TAX DEPT. 3/13 HARRISON NY 10528 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1978	3a. Date of Last Report: 01/31/1994
4. FEI Number: 13-2938684	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	BAJO, THEODORE	12 NAME	
STREET ADDRESS	450 MAMARONECK AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NEW YORK 1	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FERRELL, LORETTA	22 NAME	
STREET ADDRESS	450 MAMARONECK AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NEW YORK 1	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	WELCH, T., MICHAEL	32 NAME	
STREET ADDRESS	450 MAMARONECK AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NEW YORK 1	34 CITY-ST-ZIP	
TITLE	EV	41 TITLE	☐ Change ☐ Addition
NAME	MCCOLLUM, DAVID G.	42 NAME	
STREET ADDRESS	450 MAMARONECK AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NEW YORK 1	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BUTTERFIELD, PHILIP M.	52 NAME	
STREET ADDRESS	450 MAMARONECK AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NEW YORK 1	54 CITY-ST-ZIP	
TITLE	AVP	61 TITLE	☐ Change ☐ Addition
NAME	LEFKO, WILLIAM R.	62 NAME	
STREET ADDRESS	450 MAMARONECK AVE	63 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY	64 CITY-ST-ZIP	

14. I 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)(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: William R Lefko William R LEFKO 3/6/95 914-899-7512
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0001600 CP