

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 004 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841298

1. Corporation Name

CITICORP NORTH AMERICA, INC.



Principal Place of Business

**450 MAMARONECK AVE
HARRISON NY 10528**

Mailing Address

**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

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

29
Zip

30
Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **BAJO, THEODORE**

STREET ADDRESS **450 MAMARONECK AVENUE**

CITY-ST-ZIP **HARRISON, NEW YORK 10528**

TITLE **V** ☐ DELETE

NAME **FEBRELL, LORETTA**

STREET ADDRESS **450 MAMARONECK AVENUE**

CITY-ST-ZIP **HARRISON, NEW YORK 10528**

TITLE **PD** ☐ DELETE

NAME **WELCH, MICHAEL**

STREET ADDRESS **450 MAMARONECK AVENUE**

CITY-ST-ZIP **HARRISON, NEW YORK 10528**

TITLE **EV** ☒ DELETE

NAME **MCCOLLUM, DAVID G.**

STREET ADDRESS **450 MAMARONECK AVENUE**

CITY-ST-ZIP **HARRISON, NEW YORK 10528**

TITLE **VD** ☒ DELETE

NAME **BUTTERFIELD, PHILIP M.**

STREET ADDRESS **450 MAMARONECK AVENUE**

CITY-ST-ZIP **HARRISON, NEW YORK 10528**

TITLE **AVP** ☒ DELETE

NAME **LEFKO, WILLIAM R.**

STREET ADDRESS **450 MAMARONECK AVE same address**

CITY-ST-ZIP **HARRISON NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **President** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Compliance officer** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **Director** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **Director** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE: **X**

Compliance officer

Date

7-1-99 (914) 899-7617

CR2E034 (5/99)