

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841298

FILED
Feb 17, 2009
Secretary of State

Entity Name: CITICORP NORTH AMERICA, INC.

Current Principal Place of Business:

399 PARK AVE
NEW YORK, NY 10043

New Principal Place of Business:

388 GREENWICH STREET
NEW YORK, NY 10013

Current Mailing Address:

PO BOX 30509
TAMPA, FL 33631 US

New Mailing Address:

FEI Number: 13-2938684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANDSMAN, MARK
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

Title: S () Delete
Name: COHEN, KENNETH S
Address: 425 PARK AVE 2ND FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: T () Delete
Name: SCHREIBER, DENIS
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

Title: VP () Delete
Name: CAPUTO, LISA
Address: 399 PARK AVE.
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: APPETT, JEANNE
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINELLI, JOSEPH
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

Title: S (X) Change () Addition
Name: WOLLARD, JOSEPH B
Address: 425 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIRCHEN, KAREN
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

VP

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date