

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844451

(5)

1. Corporation Name

CITICORP MORTGAGE, INC.

Principal Place of Business

12855 N. OUTER FORTY DRIVE
M S #22
ST. LOUIS MO 63141
US

Mailing Address

12855 N. OUTER FORTY DRIVE
M S #22
ST. LOUIS MO 63141
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1979

3a. Date of Last Report

02/04/1994

4. FEI Number

13-2999081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under C. 100.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME: ~~GILMER, CHARLES D.~~
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP: ST. LOUIS MO

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TREASURER
RICHARD OPKROWSKI
750 WASHINGTON BLVD.
STAMFORD, CT 06901

☒ Change ☐ Addition

D
NAME: ROSENBERG, KIM D.
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP: ST. LOUIS MO

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

☐ Change ☐ Addition

PD
NAME: DEVINE, MARK J.
STREET ADDRESS: 15851 CLAYTON RD
CITY-ST-ZIP: BALLWIN MO

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

☐ Change ☐ Addition

S
NAME: ~~PANNABECKER, JAMES~~
STREET ADDRESS: 15851 CLAYTON ROAD
CITY-ST-ZIP: ~~BALLWIN MO~~

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

SECRETARY
GARRY SELIGSON
750 WASHINGTON BLVD
STAMFORD, CT 06901

☒ Change ☐ Addition

VP
NAME: LOWRY, STEPHEN C
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP: ST. LOUIS MO

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

☐ Change ☐ Addition

VP
NAME: FRANZEN, ROBERT M.
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP: ST. LOUIS MO

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

☐ Change ☐ Addition

14. I do 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)(k), 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:

Stephen C. Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 (314) 851-6454
DATE OFFICE PHONE