

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 023 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844451

1. Corporation Name
CITICORP MORTGAGE, INC.

Principal Place of Business 12855 N. OUTER FORTY DRIVE M S #822 ST. LOUIS MO 63141 US	Mailing Address 12855 N. OUTER FORTY DRIVE M S #822 ST. LOUIS MO 63141 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1979	
4. FEI Number 13-2999081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAUB, RUSSELL 12855 N OUTER 40 DRIVE ST LOUIS MO <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC LEVINSON, CARL E 750 WASHINGTON BLVD STAMFORD CT <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP JONES, ROBERT J 12855 N. OUTER FORTY DRIVE ST LOUIS MO <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELIGSON, GARRY 750 WASHINGTON BLVD STAMFORD CT <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP COLVIN, KAREN 12855 N. OUTER FORTY DRIVE ST. LOUIS MO <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANZEN, ROBERT M. 12855 N. OUTER FORTY DRIVE ST. LOUIS MO <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

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

4/12/99

Date

(314) 851-6454

Daytime Phone #

CR2E034 (1/98)

8 44451

LIST OF OFFICERS AND DIRECTORS

Produced: April 13, 1999

Citicorp Mortgage, Inc.
12855 N. Outer Forty Drive, MS 822
St. Louis, MO 63141

NAME/TITLE/ADDRESS	SS#	BIRTH DATE	DIRECTOR	EFFECTIVE DATE
Carl Levinson, Chairman-CEO 113 Great Oaks Road East Hills, NY 11577			Yes	
Frank Burnside, Director 153 East 53rd Street, 19th Floor New York, NY 10043			Yes	05/01/99
Pamela Flaherty, Director 130 E. 9th Street New York, NY 10128			Yes	
Jeffery Boyher, Asst. Sec.-V.Pres. 127 Country Creek Court Ballwin, MO 63011			No	
Stephen C. Lowry, Asst. Treas.-V.Pres. 11204 Sherwood Oak Court St. Louis, MO 63146			No	
Robert J. Jones, Vice President 1258 King's Trail Fenton, MO 63026			No	
Steven Liquori, Director One Court Square, 49th Floor Long Island City, NY 11120			Yes	
Beth L. Bronner, Director 500 West Madison Avenue Chicago, IL 60661			Yes	
Karen Colvin, Asst. Vice President 441 Reavis Place St. Louis, MO 63119			No	
Garry R. Seligson, Secretary 938 Oak Drive Franklin Square, NY 11016			No	
John Watkins, Director 750 Washington Blvd. Stamford, CT 06901			Yes	
Edward T. Walsh, Director 599 Lexington Ave; 24th Fl-Zone10 New York, NY 10043			Yes	
Robert M. Franzen, Sr. Vice President 17154 Surrey View Chesterfield, MO 63005			No	
Dave Lowman, President-COO 917 Kingscove Court Town & Country, MO 63017			Yes	
Tom Wind, CFO-Sr. Vice President 17754 Drummer Lane Chesterfield, MO 63005			No	