

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844451

1. Entity Name

~~CITICORP MORTGAGE, INC.~~=====

CITIMORTGAGE, 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 63141-8635
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2999081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIQUORI, STEVEN	
STREET ADDRESS	ONE COURT SQUARE, 49TH FLOOR	
CITY-ST-ZIP	LONG ISLAND CITY NY 11120	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	LEVINSON, CARL E	
STREET ADDRESS	750 WASHINGTON BLVD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	ASVP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT J	
STREET ADDRESS	12855 N. OUTER FORTY DRIVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	SELIGSON, GARRY	
STREET ADDRESS	750 WASHINGTON BLVD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	COLVIN, KAREN	
STREET ADDRESS	12855 N. OUTER FORTY DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRONNER, BETH L =====	
STREET ADDRESS	500 WEST MADISON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60651 =====	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C. Lowry* (Stephen C. Lowry), Vice President

4/25/00

(314) 851-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90052 036 ***150.00



DO NOT WRITE IN THIS SPACE

Attachment
C0084586
844451

CITIBANK®

Produced: April 25, 2000

INVOICE INFORMATION

<u>Payee Name</u>	<u>Brief Description</u>	<u>Mailing Address</u>
FL Department Of S	FL-CMI Annual Report	P O Box 1500 Tallahassee, FL 32302-1500

GENERAL INFORMATION

<u>State Code</u>	<u>Brief Description</u>	<u>Registered Agent</u>
FL	FL-CMI Annual Report	C T Corporation System 1200 South Pine Island Rd. Plantation, Florida 33324

<u>Company Code</u>	<u>Business Activity</u>	<u>Co. Name-Address</u>
CMI	Mortgage Banking & Servicing	Citicorp Mortgage, Inc. 12855 N. Outer Forty Drive, MS 822 St. Louis, MO 63141

INITIAL FINANCIAL INFORMATION

<u>Federal</u>					
<u>Tax ID</u>	<u>Capital Stock</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par</u>	<u>No Par</u>
13-299-9081	Common	200,000	Authorized	\$1.00	

<u>State of</u>	<u>Date of</u>	
<u>Incorporation</u>	<u>Incorporation</u>	<u>Fiscal Period</u>
Delaware	09-24-1979	December 31

CURRENT FINANCIAL INFORMATION

Value Of Property