

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91790 021 \*\*\*150.00

**DOCUMENT # 844451****1. Entity Name**  
**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**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, 2002 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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CCEO**  
**LEVINSON, CARL**  
**113 GREAT OAKS ROAD**  
**EAST HILLS NY 11577** ☒ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CEOC**  
**LEVINSON, CARL E**  
**750 WASHINGTON BLVD**  
**STAMFORD CT** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**ASVP**  
**JONES, ROBERT J**  
**12855 N. OUTER FORTY DRIVE**  
**ST LOUIS MO** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**S**  
**SELIGSON, GARRY**  
**750 WASHINGTON BLVD**  
**STAMFORD CT** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**AVP**  
**COLVIN, KAREN**  
**12855 N. OUTER FORTY DRIVE**  
**ST. LOUIS MO** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**BURNSIDE, FRANK**  
**153 EAST 53RD STREET 19TH FLOOR**  
**NEW YORK NY 10043** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**See attached** ☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(314) 851-645

Daytime Phone #

CR2E034 (9/01)

attachment

#844451

LIST OF OFFICERS AND DIRECTORS

Produced:

April 25, 2002

CitiMortgage, 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	
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 1115 Hawkins Meadow Ct. Fenton, MO 63026			No	
Rebecca Kile, Asst Vice President 132 Bear Claw Drive Wentzville, MO 63385			No	
Michael S. Knapp 10343 Kingsbridge Road Ellicot City, MD 21042			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	
Scott E. Powell, Director 7989 Old Montgomery Road Ellicot City, MD 21043			Yes	
David Schneider, President/COO 34 St. George Lane New Canaan, CT 06840			Yes	
Paul R. Ince, CFO/Treasurer 5877 Canterfield Court St. Charles, MO 63304			No	