

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

**APPROVED  
AND  
FILED**

96 MAY -1 PM 6:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 849439  
1. Corporation Name

FINANCIAL RESERVE, INCORPORATED

Principal Place of Business      Mailing Address  
c/o Citibank      Financial Reserve, Incorporated  
500 W. Madison St.      c/o Citibank Legal Dept.  
Chicago, IL 60661      500 W. Madison St., 8th Floor  
Chicago, IL 60661

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      30 Country  
24      25      29

3. Date Incorporated or Qualified: 06/16/1981      3a. Date of Last Report: 08/02/95  
4. FEI Number: 36-3155947      Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	Tuck, Louise E.	
STREET ADDRESS	500 W. Madison St., 5th Floor	
CITY- ST- ZIP	Chicago, IL 60661	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Csar, Christopher F.	
STREET ADDRESS	500 W. Madison St., 5th Floor	
CITY- ST- ZIP	Chicago, IL 60661	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	Saul, Clarence	
STREET ADDRESS	500 W. Madison St., 5th Floor	
CITY- ST- ZIP	Chicago, IL 60661	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Lock, Dale C.	
STREET ADDRESS	One Sansome St., 27th Floor	
CITY- ST- ZIP	San Francisco, CA 94104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Christopher F. Csar	
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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 \_\_\_\_\_ address.

SIGNATURE: *Christopher F. Csar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (362)627-3925

CR2E034 (12/95)