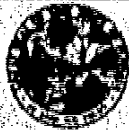


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 850322 (9)

1. Corporation Name

CITICORP NATIONAL SERVICES, INC.

Principal Place of Business

**15851 CLAYTON RD
BALLWIN MO 63011
US**

Mailing Address

**12855 NO OUTER FORTY DR
MS#22
ST LOUIS MO 63141
US**

**APPROVED
AND
FILED**
95 APR 26 AM 10:39
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1981

3a. Date of Last Report

02/15/1994

4. FEI Number

43-6027004

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**

6. This corporation has liability for intangible tax under S. 199.032,
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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPO
ROSENBERG, KIM D.
12855 NO OUTER FORTY DR
ST. LOUIS MO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
DEVINE, MARK J.
15851 CLAYTON RD
BALLWIN MO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPS
FERGUSON, NANCY C.
452 MARYMONT DRIVE
BALLWIN MO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TVP
GILMER, CHARLES
12855 NO OUTER FORTY DR
ST. LOUIS MO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
KETTENBACH, LAWRENCE J.
894 NAPOLI
BALLWIN MO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
MARSHALL, CHARON K
12855 NO OUTER 40 DR
ST LOUIS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

**TREASURER (ASST)
DAVID HALL MARK
15851 CLAYTON RD.
BALLWIN, MO. 63011**

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

**STAFF VICE PRESIDENT
STEPHEN C. LOWRY
12855 N. OUTER FORTY DR.
ST. LOUIS, MO. 63141**

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 110.07(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

Date

Day/Month/Year

4/18/95