FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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

DOCUMENT # **850322** **(9)**

1. Corporation Name
CITICORP NATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
15851 CLAYTON RD BALLWIN MO 63011 US	12855 NO OUTER FORTY DR MS#22 ST LOUIS MO 63141 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/10/1981**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **43-6027004** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 County 25
Zip 29 County 30
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, KIM D.	1.2 NAME		
STREET ADDRESS	12855 NO OUTER FORTY DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVINE, MARK J.	2.2 NAME		
STREET ADDRESS	15851 CLAYTON RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BALLWIN MO	2.4 CITY-ST-ZIP		
TITLE	VPS	3.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, NANCY C.	3.2 NAME		
STREET ADDRESS	452 MARYMONT DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BALLWIN MO	3.4 CITY-ST-ZIP		
TITLE	TVP	4.1 TITLE	TREASURER (ASST)	☒ Change ☐ Addition
NAME	~~GILMER, CHARLES~~	4.2 NAME	DAVID HALLMARK	
STREET ADDRESS	~~12855 NO OUTER FORTY DR~~	4.3 STREET ADDRESS	15851 CLAYTON RD.	
CITY-ST-ZIP	~~ST. LOUIS MO~~	4.4 CITY-ST-ZIP	BALLWIN, MO. 63011	
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	KETTENBACH, LAWRENCE J.	5.2 NAME		
STREET ADDRESS	894 NAPOLI	5.3 STREET ADDRESS		
CITY-ST-ZIP	BALLWIN MO	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	STAFF VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~MARSHALL, CHARON K~~	6.2 NAME	STEPHEN C. LOWRY	
STREET ADDRESS	12855 NO OUTER 40 DR	6.3 STREET ADDRESS	12855 N. OUTER FORTY DR.	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	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 119.07(3)(i), 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 Lowry 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0466437 FP