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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
09/10/1981

3a. Date of Last Report
02/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	43-6027004	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	CEO/DIRECTOR
NAME	ROSENBERG, KIM D.	1.2 NAME	CARLE, LEVINSON
STREET ADDRESS	12855 NO OUTER FORTY DR	1.3 STREET ADDRESS	12855 N. OUTER 40 DRIVE
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	ST. LOUIS, MO. 63141
TITLE	PD	2.1 TITLE	DIRECTOR
NAME	DEVINE, MARK J.	2.2 NAME	RICHARD THORABERRY
STREET ADDRESS	15851 CLAYTON RD	2.3 STREET ADDRESS	12855 N. OUTER 40 DRIVE
CITY-ST-ZIP	BALLWIN MO	2.4 CITY-ST-ZIP	ST. LOUIS, MO. 63141
TITLE	VPS	3.1 TITLE	STAFF VICE PRESIDENT
NAME	FERGUSON, NANCY C.	3.2 NAME	ROBERT J. JONES
STREET ADDRESS	452 MARYMONT DRIVE	3.3 STREET ADDRESS	12855 N. OUTER 40 DRIVE
CITY-ST-ZIP	BALLWIN MO	3.4 CITY-ST-ZIP	ST. LOUIS, MO. 63141
TITLE	T	4.1 TITLE	
NAME	HALLMARK, DAVID	4.2 NAME	
STREET ADDRESS	15851 CLAYTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALLEIN MO	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
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	SVP	6.1 TITLE	
NAME	LOWRY, STEPHEN C	6.2 NAME	
STREET ADDRESS	12855 N OUTER FORTY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	

14. I do 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 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
STEPHEN C. LOWRY
STAFF VICE PRES. 7/15/97 (314) 851-6454
Date Daytime Phone #

CR2E034 (9/96)