

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90172 011 ***150.00

DOCUMENT # 850322

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#822
ST LOUIS MO 63141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1981

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LEVINSON, CARL E
STREET ADDRESS 12855 N OUTER 40 DR
CITY-ST-ZIP ST LOUIS MO

TITLE D ☒ DELETE

NAME THORNBERRY, RICHARD
STREET ADDRESS 12855 N OUTER 40 DR
CITY-ST-ZIP ST LOUIS MO

TITLE SVP ☐ DELETE

NAME JONES, ROBERT
STREET ADDRESS 12855 N OUTER 40 DR
CITY-ST-ZIP ST LOUIS MO

TITLE T ☒ DELETE

NAME HALLMARK, DAVID
STREET ADDRESS 15851 CLAYTON RD
CITY-ST-ZIP BALLEIN MO

TITLE AS ☐ DELETE

NAME KETTENBACH, LAWRENCE J.
STREET ADDRESS 894 NAPOLI
CITY-ST-ZIP BALLWIN MO

TITLE SVP ☐ DELETE

NAME COLVIN, KAREN
STREET ADDRESS 12855 N OUTER FORTY DR
CITY-ST-ZIP ST LOUIS MO

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(314) 851-6454

Date

Daytime Phone #

CR2E034 (1/98)



Produced: April 13, 1999

850 322

446948-90172-11

INVOICE INFORMATION

<u>Payee Name</u>	<u>Brief Description</u>	<u>Mailing Address</u>
FL Department Of S	FL-CNS Annual Report	P O Box 1500 Tallahassee, FL 32302-1500

GENERAL INFORMATION

<u>State Code</u>	<u>Brief Description</u>	<u>Registered Agent</u>
FL	FL-CNS Annual Report	C T Corporation System 1200 South Pine Island Rd. Plantation, Florida 33324

<u>Company Code</u>	<u>Business Activity</u>	<u>Co. Name-Address</u>
CNS	Sales Finance	Citicorp National Services, Inc. 15851 Clayton Road, MS 822 Ballwin, MO 63011

INITIAL FINANCIAL INFORMATION

<u>Federal</u>	<u>Capital Stock</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par</u>	<u>No Par</u>
<u>Tax ID</u> 43-602-7004	Common	100,000	Authorized	\$1.00	

<u>State of</u>	<u>Date of</u>	<u>Fiscal Period</u>
<u>Incorporation</u>	<u>Incorporation</u>	
Delaware	05-08-1961	December 31

CURRENT FINANCIAL INFORMATION

Value Of Property

LIST OF OFFICERS AND DIRECTORS

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Citicorp National Services, Inc.
15851 Clayton Road, MS 822
Ballwin, MO 63011

850322

446948-90172

11

NAME/TITLE/ADDRESS	BIRTH DATE	DIRECTOR	EFFECTIVE DATE
Carl Levinson, Chairman-CEO 113 Great Oaks Road East Hills, NY 11577	09/13/1946	Yes	
David Lowman, COO 917 Kingscove Court Town & Country, MO 63017	05/13/1957	Yes	10/01/1998
Lawrence J. Kettenbach, Sec.-V. Pres. 894 Napoli Ballwin, MO 63021	07/03/1955	Yes	07/28/1996
Tom Wind, CFO 17754 Drummmer Lane Chesterfield, MO 63005	12/04/1959	Yes	
Stephen C. Lowry, Staff Vice Pres. 11204 Sherwood Oak Court St. Louis, MO 63146	07/18/1953	No	
Ronald K. Goodman, President 111 Glendalouge Lane St. Charles, MO 63304	07/08/1948	No	
David L. Yowan, Treasurer-Vice Pres. 10 Saddle Ridge Road Darien, CT 06820	03/04/1957	No	
Karen Colvin, Staff Vice President 441 Reavis Place St. Louis, MO 63119	06/11/1957	No	