


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|--|--|---|
| DOCUMENT # 850322 | |  |
| 1. Entity Name CITICORP NATIONAL SERVICES, INC. | | |

FILED

06 DEC 11 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 1000 TECHNOLOGY DRIVE MS 822 O'FALLON, MO 63304 US | Mailing Address 1000 TECHNOLOGY DRIVE MS 822 O'FALLON, MO 63304 US |
|---|---|



REINSTATEMENT (11/05)

| | | | |
|--------------------------------|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address c/o Licensing Dept PO Box 31226 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Tampa, FL | |
| Zip | Country | Zip | Country |
| | | 33621 | |

| | |
|---|--|
| 4. FEI Number 43-6027004 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

| | |
|---|---|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE <i>Barbara A. Burke</i> Signature, typed or printed name of registered agent and title if applicable | Barbara A. Burke Special Assistant Secretary DATE 12-6-06 (NOTE: Registered Agent signature required when reinstating) |

| |
|--|
| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 |
|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD LEVINSON, CARL E 1000 TECHNOLOGY DRIVE O'FALLON, MO 63304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700082452457 12/17/06--01075--004 **750.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DCOO LOWMAN, DAVID 1000 TECHNOLOGY DRIVE O'FALLON, MO 63304 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | cfo/dir William P. Backman 1000 Technology Dr O'Fallon, mo 63306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVD KETTENBACH, LAWRENCE J 1000 TECHNOLOGY DRIVE O'FALLON, MO 63304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP LOWRY, STEPHEN C 1000 TECHNOLOGY DRIVE O'FALLON, MO 63304 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Wayne E. Flynn 1000 Technology Drive O'Fallon, mo 63306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP COLVIN, KAREN 1000 TECHNOLOGY DRIVE O'FALLON, MO 63304 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Asst. VP Robyn Gomez 3800 Citigroup Center Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|---|------------------------------|-----------------------------------|
| SIGNATURE: <i>Robyn Gomez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Robyn Gomez Date 12-08-06 | (813) 604-0393 Daytime Phone # |
|---|------------------------------|-----------------------------------|

8 Enkel DEC 11 2006