

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850322

FILED
Apr 23, 2008
Secretary of State

Entity Name: CITICORP NATIONAL SERVICES, INC.

Current Principal Place of Business:

1000 TECHNOLOGY DRIVE
MS 822
O'FALLON, MO 63304 US

New Principal Place of Business:

Current Mailing Address:

C/O LICENSING DEPT.
PO BOX 31226
TAMPA, FL 33631

New Mailing Address:

C/O LICENSING DEPT.
PO BOX 30509
TAMPA, FL 33631

FEI Number: 43-6027004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: LEVINSON, CARL E
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63304

Title: CFOD () Delete
Name: BACKMAN, WILLIAM P
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63304

Title: SVD () Delete
Name: KETTENBACH, LAWRENCE J
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O' FALLON, MO 63304

Title: P () Delete
Name: FLYNN, WAYNE E
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63304

Title: AS () Delete
Name: MARCHESE, JASON
Address: 3800 CITIGROUP CENTER
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COOD (X) Change () Addition
Name: BECKMANN, WILLIAM P
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63304

Title: SVP (X) Change () Addition
Name: KETTENBACH, LAWRENCE J
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O' FALLON, MO 63304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AVP

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date