2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852986

Title:

Title:

Name:

Address:

City-St-Zip:

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FILED Apr 08, 2009 Secretary of State

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Entity Nar	ne: CITICAPIT	AL TECHNOLOGY FINANCI	E, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	RONECK AVE N, NY 10528						
Current Mailing Address:				New Mailing Address:			
PO BOX 30509 TAMPA, FL 336313226				PO BOX 30509 TAX & REPORTING TAMPA, FL 33631 US			
FEI Number:	23-1720013	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:	
1200 S. PII PLANTATI	ORATION SYS' NE ISLAND RC ON, FL 33324	AD US	nurnose o	of changing i	ts registere	ed office or registered agent, or bot	-h
	of Florida.	abilitio tillo statelli elit loi tile	pui pooc o	n onanging i	to regiotere	od omoc or registered agent, or bot	,
SIGNATUR							_
	Electroni	c Signature of Registered Ag	ent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	. ,			Title: Name: Address: City-St-Zip:		(X) Change () Addition OBERT R INGTON BLVD D, CT 06901	
Title: Name: Address: City-St-Zip:	DVPS () HALL, BRUCE 450 MAMARONE HARRISON, NY			Title: Name: Address: City-St-Zip:		(X) Change () Addition , JOHN A INGTON BLVD D, CT 06901	

Name: Name: HOFFMAN, LISA
Address: Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: 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.

Title:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LISA HOFFMAN VP 04/08/2009

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LYLES, JR., EUGENE D

2800 S. TEXAS AVE

BRYAN, TX 77802

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