

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852986

FILED
Mar 29, 2011
Secretary of State

Entity Name: CITICAPITAL TECHNOLOGY FINANCE, INC.

Current Principal Place of Business:

450 MAMARONECK AVE
HARRISON, NY 10528

New Principal Place of Business:

450 MAMARONECK AVENUE
HARRISON, NY 10528

Current Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

New Mailing Address:

FEI Number: 23-1720013 **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

OFFICERS AND DIRECTORS:

Title: P/D
Name: MCKENNA, JOHN A
Address: 750 WASHINGTON BLVD
City-St-Zip: STAMFORD, CT 06901

Title: EVP
Name: GRIECO, THOMAS
Address: 750 WASHINGTON BLVD
City-St-Zip: STAMFORD, CT 06901

Title: S
Name: LYLES, JR., EUGENE D
Address: 1001 W VILLA MARIA
City-St-Zip: BRYAN, TX 77801

Title: VP
Name: HOFFMAN, LISA A
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: T
Name: JENKINS, JR, JAMES E
Address: 3950 REGENT BLVD
City-St-Zip: IRVING, TX 75063

I hereby 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 all other like empowered.

SIGNATURE: LISA A HOFFMAN

VP

03/29/2011

Electronic Signature of Signing Officer or Director

Date