

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **856924** (6)

1. Corporation Name
CITICORP SERVICES, INC.



Principal Place of Business Mailing Address
~~C/O OF CORPORATION SYSTEM~~
8430 W. BRYN MAWR 11TH FLOOR
CHICAGO IL 60631

3. Date Incorporated or Qualified **06/28/1983** 3a. Date of Last Report **03/14/1995**
4. FLE Number **13-6190676** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 **8430 W. Bryn Mawr Avenue**
22 City & State 27
23 City & State **Chicago, Illinois**
24 Zip Country 29 **60631** 30 **U.S.A.**

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 type (1 for principal place of business and 2 for registered agent) and block applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERKHORN, ROBERT E.	1.2 NAME	Director
STREET ADDRESS	399 PARK AVENUE	1.3 STREET ADDRESS	G. Patrick McGunagle
CITY-STATE-ZIP	NEW YORK NY	1.4 CITY-STATE-ZIP	399 Park Avenue New York, NY 10043
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, JOHN J III	2.2 NAME	Director
STREET ADDRESS	111 WALL STREET	2.3 STREET ADDRESS	Jeffrey A. Volk
CITY-STATE-ZIP	NEW YORK NY	2.4 CITY-STATE-ZIP	666 Fifth Avenue
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLAN, RAYMOND J	3.2 NAME	
STREET ADDRESS	399 PARK AVENUE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	3.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FADER, ROBERT A	4.2 NAME	
STREET ADDRESS	8430 WEST BRYN MAWR AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60631	4.4 CITY-STATE-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVITT, ROBERT A.	5.2 NAME	
STREET ADDRESS	8430 WEST BRYAN MAWR AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60631	5.4 CITY-STATE-ZIP	
TITLE	SVT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDAD, ALBERT	6.2 NAME	
STREET ADDRESS	8430 WEST BRYN MAWR AVENUE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60631	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Robert Leavitt* January 30, 1996 (312) 380-5277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert P. Leavitt, Vice President

CR2E034 (12/95)