

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **C/O CT CORPORATION SYSTEM, 8430 W. BRYN MAWR 11TH FLOOR, CHICAGO IL 60631**

Mailing Address: **8430 WEST BRYN MAWR AVENUE, CHICAGO IL 60631-3407, US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1983	3a. Date of Last Report 02/09/1996
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 13-6190676	Applied For <input type="checkbox"/> Not Applicable
25. City & State	26. Suite, Apt. #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29. City & State	30. Zip	31. City & State	32. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
33. City & State	34. Zip	35. City & State	36. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. City			
				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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERKHORN, ROBERT E.	1.2 NAME	Fader, Robert A.
STREET ADDRESS	399 PARK AVENUE	1.3 STREET ADDRESS	8430 West Bryn Mawr Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Chicago, IL 60631
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, JOHN J III	2.2 NAME	Erdelyi, Andrew S.
STREET ADDRESS	111 WALL STREET	2.3 STREET ADDRESS	111 Wall Street
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10043
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUNAGLE, G P	3.2 NAME	Amaral, Evaldo
STREET ADDRESS	399 PARK AVENUE	3.3 STREET ADDRESS	1401 West Commercial Blvd.
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADER, ROBERT A	4.2 NAME	Kolar, Robert W.
STREET ADDRESS	8430 WEST BRYN MAWR AVENUE	4.3 STREET ADDRESS	8430 West Bryn Mawr Avenue
CITY-ST-ZIP	CHICAGO IL 60631	4.4 CITY-ST-ZIP	Chicago, IL 60631
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-ST-ZIP	CHICAGO IL 60631	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, JEFFREY A	6.2 NAME	
STREET ADDRESS	866 FIFTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **David Koopman, Vice President** 773-380-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)