

**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	3a. Date of Last Report
21	22	26	27	06/28/1983	02/09/1996
4. FEI Number		5. Certificate of Status Desired		Applied For	
13-6190676		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERKHORN, ROBERT E.</b>	1.2 NAME	<b>Fader, Robert A.</b>
STREET ADDRESS	<b>399 PARK AVENUE</b>	1.3 STREET ADDRESS	<b>8430 West Bryn Mawr Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	<b>Chicago, IL 60631</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EGAN, JOHN J III</b>	2.2 NAME	<b>Erdelyi, Andrew S.</b>
STREET ADDRESS	<b>111 WALL STREET</b>	2.3 STREET ADDRESS	<b>111 Wall Street</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>New York, NY 10043</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGUNAGLE, G P</b>	3.2 NAME	<b>Amaral, Evaldo</b>
STREET ADDRESS	<b>399 PARK AVENUE</b>	3.3 STREET ADDRESS	<b>1401 West Commercial Blvd.</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FADER, ROBERT A</b>	4.2 NAME	<b>Kolar, Robert W.</b>
STREET ADDRESS	<b>8430 WEST BRYN MAWR AVENUE</b>	4.3 STREET ADDRESS	<b>8430 West Bryn Mawr Avenue</b>
CITY-ST-ZIP	<b>CHICAGO IL 60631</b>	4.4 CITY-ST-ZIP	<b>Chicago, IL 60631</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAVITT, ROBERT A.</b>	5.2 NAME	
STREET ADDRESS	<b>8430 WEST BRYAN MAWR AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60631</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLK, JEFFREY A</b>	6.2 NAME	
STREET ADDRESS	<b>866 FIFTH AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	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)