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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90040 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 856924

1. Corporation Name
CITICORP SERVICES, INC.



Principal Place of Business
**C/O CT CORPORATION SYSTEM
 8430 W. BRYN MAWR 8TH FLOOR
 CHICAGO IL 60631**

Mailing Address
**8430 WEST BRYN MAWR AVENUE
 CHICAGO IL 60631
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1983

4. FEI Number
13-6190676

2. Principal Place of Business

2a. Mailing Address
8430 W. Bryn Mawr Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
8th Floor Legal Department

City & State

City & State
Chicago, Illinois

Zip Country

Zip Country
60631 U.S.A.

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	FADER, ROBERT A	
STREET ADDRESS	8430 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MACKENZIE, MARK E	
STREET ADDRESS	8430 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	PHISTRY, PHIL	
STREET ADDRESS	8430 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KIBBLE-SMITH, BRIAN	
STREET ADDRESS	8430 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	T	<input type="checkbox"/> DELETE
NAME	UNGER, PAUL	
STREET ADDRESS	6700 CITICORP DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VSC	<input type="checkbox"/> DELETE
NAME	KARNICK, LOREN	
STREET ADDRESS	8430 W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL 60631	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See attached for additional Directors.

14. I 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, with another like empowered.

SIGNATURE:

Loren Karnick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 **773-380-5712**
 Date Daytime Phone #

CR2E034 (11/98)