

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90130 012 ***150.00

DOCUMENT # 856924

1. Entity Name

CITICORP SERVICES, INC.

Inc. and was filed with your office on April 13, 2001.

The name of the corporation
has been changed to Citicorp
Electronic Financial Services,

Principal Place of Business

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

Mailing Address

**8430 W. BRYN MAWR AVENUE
8TH FLOOR LEGAL DEPARTMENT
CHICAGO IL 60631
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-6190676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CCEO**
STREET ADDRESS **FADER, ROBERT A**
CITY-ST-ZIP **8430 W BRYN MAWR AVE
CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MACKENZIE, MARK E**
CITY-ST-ZIP **8430 W BRYN MAWR AVE
CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VCFO**
STREET ADDRESS **PHISTRY, PHIL**
CITY-ST-ZIP **8430 W BRYN MAWR AVE
CHICAGO IL 60631**

TITLE ☐ Change ☒ Addition
NAME **VP and CFO**
STREET ADDRESS **James Sanecki**
CITY-ST-ZIP **8430 W. Bryn Mawr Ave.
Chicago, IL 60631**

TITLE ☐ Delete
NAME **VAS**
STREET ADDRESS **KIBBLE-SMITH, BRIAN**
CITY-ST-ZIP **8430 W BRYN MAWR AVE
CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **UNGER, PAUL**
CITY-ST-ZIP **6700 CITICORP DR.
TAMPA FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VSC**
STREET ADDRESS **KARNICK, LOREN**
CITY-ST-ZIP **8430 W. BRYN MAWR
CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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

4/20/01

Date

773-380-5712

Daytime Phone #

CR2E034 (10/00)