

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90017 044 ***150.00

FRI FEB 22 2002 11 47 AM

DOCUMENT # 856924
 1. Entity Name
CITICORP ELECTRONIC FINANCIAL SERVICES, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 13-6190676	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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	
TITLE NAME CEO FADER, ROBERT A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8430 W BRYN MAWR AVE CHICAGO IL 60631	
TITLE NAME P MACKENZIE, MARK E	<input type="checkbox"/> Delete
STREET ADDRESS 8430 W BRYN MAWR AVE CHICAGO IL 60631	
TITLE NAME VCFO SANECKI, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 8430 W BRYN MAWR AVE CHICAGO IL 60631	
TITLE NAME VAS KIBBLE-SMITH, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS 8430 W BRYN MAWR AVE CHICAGO IL 60631	
TITLE NAME T UNGER, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS 6700 CITICORP DR. TAMPA FL 33619	
TITLE NAME VSC KARNICK, LOREN	<input type="checkbox"/> Delete
STREET ADDRESS 8430 W. BRYN MAWR CHICAGO IL 60631	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Chairman Mark MacKenzie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8430 W. Bryn Mawr Chicago, IL 60631	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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 REQUIRED** *01/23/02* **773-380-5712**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LOREN KARNICK, V.P.** Date Daytime Phone #

CR2E034 (9/01)