


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

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



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-6190676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARK, MACKENZIE 8430 W BRYN MAWR AVE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, MARK E 8430 W BRYN MAWR AVE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SANECKI, JAMES 8430 W BRYN MAWR AVE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIBBLE-SMITH, BRIAN 8430 W BRYN MAWR AVE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNGER, PAUL 6700 CITICORP DR. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZZI, JOHN M 8430 W. BRYN MAWR AVE. CHICAGO, IL 60631

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 01/28/04-80040-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE  **John M. Guzzi** 1-26-04 773-380-5175

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