

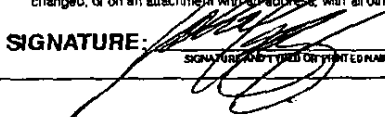


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)</small>		<small>NOTE: Registered Agent signature required when changing</small>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARK, MACKENZIE 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, MARK E 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SANECKI, JAMES 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIBBLE-SMITH, BRIAN 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNGER, PAUL 6700 CITICORP DR. TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC KARNICK, LOREN 8430 W. BRYN MAWR CHICAGO, IL 60631 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		Date: 6/20/03 Office Phone #: 773-380-5175	
<small>SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Office Phone #</small>	

90140442



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Citicorp Electronic Financial Services, Inc.
Legal Department

8430 W. Bryn Mawr Avenue
Chicago, IL 60631

Tel 773/380-5822
Fax 773/380-5600

Attachment
90140442

June 26, 2003

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Citicorp Electronic Financial Services, Inc. – Document #856924

Dear Sir:

I contacted your office on June 20, 2003 regarding the 2003 UBR. To date we have not received a request from your office to complete the 2003 UBR. I obtained the form from your web site and have completed accordingly.

Enclosed is our check in the amount of \$150.00 for the filing fee.

If you have any questions, please contact me at (773) 380-5822.

Sincerely,

M. Valdez
Mary Valdez
Director, Regulatory Compliance

enclosure

cc: J. Guzzi