

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001855

1. Entity Name
CITICORP SERVICES INC.

Principal Place of Business
8430 WEST BRYN MAWR AVENUE
CHICAGO IL 60631

Mailing Address
8430 WEST BRYN MAWR AVENUE
CHICAGO IL 60631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME FADER, ROBERT A
STREET ADDRESS 8430 WEST BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631 ☐ Delete

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

TITLE VTD
NAME HUGHLEY, COLEMAN
STREET ADDRESS 8430 WEST BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631 ☐ Delete

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

TITLE VS
NAME GUZZI, JOHN M
STREET ADDRESS 8430 WEST BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631 ☐ Delete

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

TITLE AV
NAME METRICK, LINDA
STREET ADDRESS 8430 WEST BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631 ☐ Delete

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

TITLE D
NAME BUCKRIDGE, THOMAS W
STREET ADDRESS 3800 CITIBANK CENTER
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John M. Guzzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Guzzi, Vice President &

7/02/02

773-380-5175

Secretary

Date

Daytime Phone #

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 008 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)