2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# F01000006591

Entity Name: CITICORP CREDIT SERVICES, INC. (USA)

Current Principal Place of Business:

1400 CITRAUD WAY
JACKSONVILLE, FL 32258

New Principal Place of Business:

1 COURT SQUARE
LONG ISLAND, NY 11120

Current Mailing Address:

PO BOX 30509
TAMPA, FL 33631

New Mailing Address:

FEI Number: 51-0413661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIPAULA, WILLIAM
Address: 1400 CITRAUD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: D/P ( ) Delete
Name: JENKINS, MATTHEW
Address: 1400 CITRUAD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP/T ( ) Delete
Name: SLACK, JANET
Address: 1 COURT SAVAA
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: ASAT ( ) Delete
Name: HOFFMAN, LISA
Address: 3500 CITIGROUP CENTER DR.
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JENKINS, MATTHEW
Address: 14000 CITICARD WAY, BLDG A
City-St-Zip: JACKSONVILLE, FL 32258

Title: EVP (X) Change ( ) Addition
Name: MULFLUR, WALTER
Address: 4000 REGENT BLVD
City-St-Zip: IRVING, TX 75063

Title: T (X) Change ( ) Addition
Name: MORRISON, DOUGLAS
Address: 701 E 60TH STREET
City-St-Zip: SIOUX FALLS, SD 57117

Title: S (X) Change ( ) Addition
Name: NELSON, JULIE
Address: 14000 CITICARD WAY, BLDG A
City-St-Zip: JACKSONVILLE, FL 32258

Title: AS ( ) Change (X) Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN AS 04/08/2009

Electronic Signature of Signing Officer or Director — Date