

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006591

FILED  
Apr 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1 COURT SQUARE  
LONG ISLAND, NY 11120

**New Principal Place of Business:**

1400 CITICARD WAY  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

PO BOX 30509  
TAMPA, FL 33631

**New Mailing Address:**

PO BOX 30509  
TAX AND REPORTING  
TAMPA, FL 33631

**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: P  
Name: JENKINS, MATTHEW  
Address: 14000 CITICARD WAY, BLDG A  
City-St-Zip: JACKSONVILLE, FL 32258

Title: EVP  
Name: MULFLUR, WALTER  
Address: 4000 REGENT BLVD  
City-St-Zip: IRVING, TX 75063

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

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

Title: AS  
Name: HOFFMAN, LISA  
Address: 3800 CITIGROUP CENTER DRIVE  
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: LISA A. HOFFMAN

AS

04/06/2010

Electronic Signature of Signing Officer or Director

Date