

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2011
Secretary of State

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

Current Principal Place of Business:

1400 CITICARD WAY
JACKSONVILLE, FL 32258

New Principal Place of Business:

14000 CITI CARDS WAY
JACKSONVILLE, FL 32258

Current Mailing Address:

PO BOX 30509
TAX AND REPORTING
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

OFFICERS AND DIRECTORS:

Title: P
Name: JENKINS, MATTHEW W
Address: 14000 CITI CARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: EVP
Name: MULFLUR, WALTER J
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 CITI CARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: AS
Name: HOFFMAN, LISA A
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

03/29/2011

Electronic Signature of Signing Officer or Director

Date