

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 047 ***550.00

DOCUMENT # F02000000333

1. Entity Name
CITICORP PAYMENT SERVICES, INC.



Principal Place of Business
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120

Mailing Address
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3530171	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PUKAS, JULIE 1 COURT SQUARE, 41ST FLOOR LONG ISLAND CITY, NY 11120
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OHUR, GREGORY 1 COURT SQUARE, 41ST FLOOR LONG ISLAND CITY, NY 11120
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, BERNIE 1 COURT SQUARE, 41ST FLOOR LONG ISLAND CITY, NY 11120
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT NASSER, JEAN PIERRE 1 COURT SQUARE LONG ISLAND CITY, NY 11120
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON MANEYSE

7/8/04

Date

8136040662

Daytime Phone #