

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000333

FILED
Apr 08, 2009
Secretary of State

Entity Name: CITICORP PAYMENT SERVICES, INC.

Current Principal Place of Business:

ONE COURT SQUARE
LONG ISLAND CITY, NY 11120

New Principal Place of Business:

50 NORTHWEST POINT ROAD
ELK GROVE VILLAGE, IL 60007

Current Mailing Address:

PO BOX 30509
G2-18
TAMPA, FL 33631

New Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 22-3530171

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: PCEO () Delete
Name: QUINLIN, GREGORY
Address: 50 NORTHWEST POINT ROAD
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: T VP () Delete
Name: MONTAGUE, SEAN
Address: 14000 CITICARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: SCHIFFRES, MICHAEL
Address: 1 COURT SQUARE, 41ST FLOOR
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: VPAT () Delete
Name: NASSER, JEAN PIERRE
Address: 1 COURT SQUARE
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: AS (X) Delete
Name: HOFFMAN, LISA
Address: 3800 CITIBANK CTR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: QUINLAN, GREGORY
Address: 50 NORTHWEST POINT ROAD
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: T VP (X) Change () Addition
Name: O'MALLEY, MARGARET
Address: 640 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: S (X) Change () Addition
Name: SCHIFFRES, MICHAEL
Address: 1 COURT SQUARE AT CITICORP COURT SQUARE
City-St-Zip: LONG ISLAND, NY 11120

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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