

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000333

FILED
Apr 02, 2010
Secretary of State

Entity Name: CITICORP PAYMENT SERVICES, INC.

Current Principal Place of Business:

50 NORTHWEST POINT ROAD
ELK GROVE VILLAGE, IL 60007

New Principal Place of Business:

Current Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

New Mailing Address:

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
Name: QUINLAN, GREGORY
Address: 50 NORTHWEST POINT ROAD
City-St-Zip: ELK GROVE VILLAGE, IL 60007

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

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

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

04/02/2010

Electronic Signature of Signing Officer or Director

Date