

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2011
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:

1 COURT SQUARE
LONG ISLAND CITY, NY 11120

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

OFFICERS AND DIRECTORS:

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

Title: CFO
Name: KLEIBER, ROBERT
Address: 1 COURT SQUARE
City-St-Zip: LONG ISLAND CITY, NY 11120

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

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