

FD2000000333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

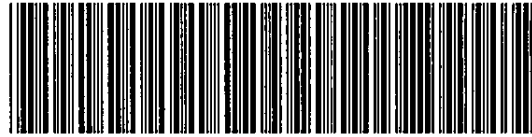
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200296031542

03/07/17--01012--006 \*\*35.00

FILED  
2017 MAR -7 AM 11:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8/9 cr

Kelly Maniuszko  
1000 Technology Dr., MS 140  
O'Fallon, MO 63368  
Tel 636.261.6979  
Fax 1.877.267.6031  
Kelly.maniuszko@citi.com



CitiFinancial

March 6, 2017

Secretary of State  
Amendments Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Citicorp Payment Services, Inc.'s Certificate of Withdrawal**

Dear Sir/Madam:

Enclosed herein please find Citicorp Payment Services, Inc.'s executed application for withdrawal and requisite fee. Should you have any questions regarding this matter, please contact me at 636-261-6979 and/or [kelly.maniuszko@citi.com](mailto:kelly.maniuszko@citi.com). Thank you.

Sincerely,

A handwritten signature in black ink that reads "Kelly A. Maniuszko". The signature is written in a cursive, flowing style.

Kelly A. Maniuszko  
Associate Senior Paralegal

kam/tbm  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Citicorp Payment Services, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000000333

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Kelly Maniuszko

\_\_\_\_\_  
(Name of Person)

Citi Legal Department

\_\_\_\_\_  
(Firm/Company)

1000 Technology Drive, MS 140

\_\_\_\_\_  
(Address)

O'Fallon, MO 63368

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Kelly Maniuszko

at ~~630~~ 261-6979

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Citicorp Payment Services, Inc.

(Name of Corporation)

F02000000333

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

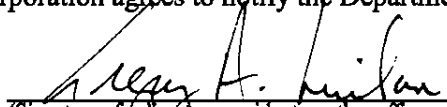
1000 Technology Drive, MS 140

(Mailing Address)

O'Fallon, MO 63368

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

21 Feb 2017  
(Date)

Gregory Quinlan

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**