


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90227 015 ***150.00

DOCUMENT # F05000001848							
1. Entity Name CITIMORTGAGE, INC.							
Principal Place of Business 1000 TECHNOLOGY DR., MS 140 O'FALLON, MO 63304			Mailing Address 3800 CITIGROUP CENTER DR SUITE 2-18 TAMPA, FL 33610				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 31226					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		Tampa, FL					
Zip	Country	33631-3226		USA			
4. FEI Number 13-3222578			Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE CFO	NAME INCE, PAUL R		<input checked="" type="checkbox"/> Delete	TITLE President	NAME William Beckmann		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1000 TECHNOLOGY DRIVE	CITY-ST-ZIP O'FALLON, MO 63304			STREET ADDRESS 1000 Technology Dr	CITY-ST-ZIP O'Fallon, MO 63308		
TITLE VS	NAME BOYHER, JEFFREY L		<input type="checkbox"/> Delete	TITLE VP	NAME Rdawn Gomez		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1000 TECHNOLOGY DRIVE	CITY-ST-ZIP O'FALLON, MO 63304			STREET ADDRESS 3800 Citigroup Center Dr	CITY-ST-ZIP Tampa, FL 33610		
TITLE VAS	NAME COLLINS, RALPH O		<input checked="" type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 TECHNOLOGY DRIVE	CITY-ST-ZIP O'FALLON, MO 63304			STREET ADDRESS	CITY-ST-ZIP		
TITLE VAT	NAME JONES, ROBERT J		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 TECHNOLOGY DRIVE	CITY-ST-ZIP O'FALLON, MO 63304			STREET ADDRESS	CITY-ST-ZIP		
TITLE VAS	NAME KETTENBACH, LAWRENCE J		<input checked="" type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 TECHNOLOGY DRIVE	CITY-ST-ZIP O'FALLON, MO 63304			STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.							
SIGNATURE: _____				Date: 4/19/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							