

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002326

Entity Name: CITIGROUP ENERGY INC.

FILED
Apr 05, 2010
Secretary of State

Current Principal Place of Business:

388 GREENWICH STREET
NEW YORK, NY 10013

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

New Mailing Address:

FEI Number: 27-0069674 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: P/D
Name: STALEY, STUART W
Address: 2800 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: SVP
Name: DAVIS, ANGELA
Address: 2800 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: AS
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DR F1-12
City-St-Zip: TAMPA, FL 33610

Title: VP
Name: ADAMS, LAUREL R
Address: 2800 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: T
Name: TROHAN, JOHN
Address: 388 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10013

Title: AT
Name: ANZEL, KEITH J
Address: 388 GREENWICH STREET 38TH FL
City-St-Zip: NEW YORK, NY 10013

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

04/05/2010

Electronic Signature of Signing Officer or Director

Date