2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

DOCUMENT# F07000004226

Entity Name: CITI RESIDENTIAL LENDING INC.

Current Principal Place of Business:

1000 TECHNOLOGY DRIVE
O'FALLON, MO 63368

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-0591420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O CT 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: DAS, SANJIV
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: T/D
Name: INCE, PAUL R
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63368

Title: VP/S
Name: BOYHER, JEFFERY L
Address: 1000 TECHNOLOGY DRIVE
City-St-Zip: O'FALLON, MO 63368

Title: VP
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: ASAT
Name: VELEZ, VIVIAN M
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 VP 04/07/2010

Electronic Signature of Signing Officer or Director — Date