


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F92000000596 1. Entity Name CITIGROUP INC.	
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Principal Place of Business 399 PARK AVE NEW YORK, NY 10043 US	Mailing Address 300 ST. PAUL PLACE BSP 10D BALTIMORE, MD 21202 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1568099	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

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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 _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WEILL, SANFORD I 399 PARK AVE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC MENEZES, VICTOR 399 PARLE AVE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INGBER, A.L. 75 HOLLY HILL LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PRINCE, C O 399 PARK AVE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LENROW, RUTH S 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000212666
02/03/05-180040-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE:  John I. Jones, VP 1/19/05 410-332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #