
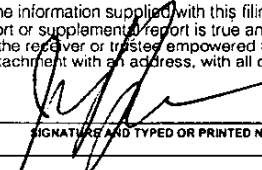


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 039 ***150.00

DOCUMENT # F92000000596					
1. Entity Name CITIGROUP INC.					
Principal Place of Business 399 PARK AVE NEW YORK, NY 10043 US			Mailing Address 300 ST. PAUL PLACE BSP 10D BALTIMORE, MD 21202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 52-1568099	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEILL, SANFORD I	NAME			
STREET ADDRESS	399 PARK AVE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10043	CITY-ST-ZIP			
TITLE	SVC <input checked="" type="checkbox"/> Delete	TITLE	SVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MENEZES, VICTOR	NAME	William R. Rhodes		
STREET ADDRESS	399 PARLE AVE	STREET ADDRESS	399 Park Ave.		
CITY-ST-ZIP	NEW YORK, NY 10043	CITY-ST-ZIP	New York, NY 10043		
TITLE	V <input type="checkbox"/> Delete	TITLE	Controller/CAO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	INGBER, A.L.	NAME	John C. Gerspach		
STREET ADDRESS	75 HOLLY HILL LANE	STREET ADDRESS	399 Park Ave.		
CITY-ST-ZIP	GREENWICH, CT 06830	CITY-ST-ZIP	New York, NY 10043		
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRINCE, C O	NAME			
STREET ADDRESS	399 PARK AVE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10043	CITY-ST-ZIP			
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	S/General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENROW, RUTH S	NAME	Michael S. Helfer		
STREET ADDRESS	300 ST. PAUL PLACE	STREET ADDRESS	399 Park Ave		
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	New York, NY 10043		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 all other like empowered.					
SIGNATURE: 		John I. Jones 1/12/06 (40) 332-3361 Tax Manager Date Daytime Phone #			