
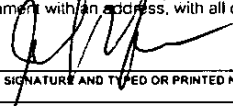


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 044 ***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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, WILLIAM R	NAME		
STREET ADDRESS	399 PARK AVE	STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10043	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGBER, A.L.	NAME		
STREET ADDRESS	75 HOLLY HILL LANE	STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06830	CITY-ST-ZIP		
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	CAO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERSPACH, JOHN C	NAME		
STREET ADDRESS	399 PARK AVE	STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10043	CITY-ST-ZIP		
TITLE	SGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELPER, MICHAEL S	NAME		
STREET ADDRESS	399 PARK AVE	STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10043	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 1/30/07 (410)332-3361 Tax Manager Date Daytime Phone #		