

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000596

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** CITIGROUP INC.

**Current Principal Place of Business:**

399 PARK AVE  
NEW YORK, NY 10043 US

**New Principal Place of Business:**

**Current Mailing Address:**

CITIGROUP INC  
75 HOLLY HILL LANE  
GREENWICH, CT 06830 US

**New Mailing Address:**

**FEI Number:** 52-1568099      **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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PANDIT, VIKRAM S  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

Title: VC  
Name: KADEN, LEWIS B  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

Title: DTO  
Name: INGBER, ALAN L  
Address: 75 HOLLY HILL LANE  
City-St-Zip: GREENWICH, CT 06830

Title: COB  
Name: PARSONS, RICHARD  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

Title: CFO  
Name: GERSPACH, JOHN C  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10043

Title: SGC  
Name: HELFER, MICHAEL S  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10043

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: ALAN L. INGBER

\_\_\_\_\_ DTO

01/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date