

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002939 (6)**

1. Corporation Name

CITIBANK SERVICE CORPORATION



Principal Place of Business

**ONE SANSOME STREET
27TH FLOOR
SAN FRANCISCO CA 94104
US**

Mailing Address

**C/O CITIBANK LEGAL DEPT.
ONE SANSOME ST., 27TH FLOOR
SAN FRANCISCO CA 94104
US**

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 c/o Citibank Legal Dept.

Suite, Apt. #, etc.

27 500 W. Madison St., 8th Floor

City & State

28 Chicago, Illinois

29 Zip

60661

Country

30 Cook

4. FEI Number

94-1693339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of Registered Agent and Florida acceptable

NOTE: Registered Agent signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENT, ROGER W	
STREET ADDRESS	500 W. MADISON ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRUWELL, ROBERT	
STREET ADDRESS	500 W. MADISON	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	FEELL, ANTHONY Z	
STREET ADDRESS	500 W. MADISON	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, PATRICK A.	
STREET ADDRESS	5000 W. MADISON ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOCK, DALE C	
STREET ADDRESS	ONE SANSOME ST., 27TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MILES, ALAN L	
STREET ADDRESS	ONE SANSOME ST., 27TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Donald W. Faul
13 STREET ADDRESS	1 Sansome St, 6th Floor
14 CITY-ST-ZIP	San Francisco, CA 94104
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Thomas J. Tolda
23 STREET ADDRESS	1 Sansome St, 22nd Floor
24 CITY-ST-ZIP	San Francisco, CA 94104
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Nancy A. McCort
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	900001797739
43 STREET ADDRESS	-04/29/96--01026--017
44 CITY-ST-ZIP	***200.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	AS
63 STREET ADDRESS	Ann R. Bratton
64 CITY-ST-ZIP	500 W. Madison St., 8th Floor Chicago, IL 60661

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann R. Bratton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann R. Bratton, Assistant Secretary

4/25/96 (312) 627-3450

CR2E034 (12/95)