

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F9000002939 (6)**

1. Corporation Name

**CITIBANK SERVICE CORPORATION**

Principal Place of Business

Mailing Address

**One Sansome Street**  
**27th Floor**  
**San Francisco, CA 94104**

**c/o Citibank Legal Dept.**  
**500 West Madison St., 8th Floor**  
**Chicago, IL 60661**

3. Date Incorporated or Qualified

**06/06/1994**

3a. Date of Last Report

**04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 South Pine Island Road**  
**Plantation, Florida 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D & P** NAME **Tolda, Thomas J.** ☐ DELETE  
 STREET ADDRESS **500 West Madison St., 6th Floor**  
 CITY-STATE-ZIP **Chicago, Illinois 60661**

11 TITLE ☐ Change ☐ Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-STATE-ZIP

TITLE **D & VP** NAME **Faul, Donald** ☐ DELETE  
 STREET ADDRESS **One Sansome Street, 22nd Floor**  
 CITY-STATE-ZIP **San Francisco, CA 94104**

21 TITLE ☐ Change ☐ Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-STATE-ZIP

TITLE **D & CFO** NAME **McCort, Nancy A.** ☐ DELETE  
 STREET ADDRESS **500 West Madison St., 6th Floor**  
 CITY-STATE-ZIP **Chicago, Illinois 60661**

31 TITLE ☐ Change ☐ Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-STATE-ZIP

TITLE **S** NAME **Lock, Dale C.** ☐ DELETE  
 STREET ADDRESS **One Sansome Street, 27th Floor**  
 CITY-STATE-ZIP **San Francisco, CA 94104**

41 TITLE ☐ Change ☐ Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-STATE-ZIP

TITLE **AS** NAME **Bratton, Ann R.** ☐ DELETE  
 STREET ADDRESS **500 West Madison Street, 8th Floor**  
 CITY-STATE-ZIP **Chicago, Illinois 60661**

51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Asst. Sec.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-97**

**312/627-3450**

Date

Daytime Phone #

CR2E034 (9/96)

*RW*  
*5-14-97*

**200002190482**  
**-05/27/97--01001--006**  
**\*\*\*165.00**