


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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. 500 W. MADISON ST., 8TH FLOOR CHICAGO IL 60661 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1994

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUL, DONALD W.	1.2 NAME	President
STREET ADDRESS	1 SANSOME ST., 6TH FLOOR	1.3 STREET ADDRESS	One Sansome St., 23rd Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94104	1.4 CITY-ST-ZIP	San Francisco, CA 94104
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLDA, THOMAS J.	2.2 NAME	Director
STREET ADDRESS	1 SANSOME ST., 22ND FLOOR	2.3 STREET ADDRESS	500 W. Madison St., 6th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94104	2.4 CITY-ST-ZIP	Chicago, IL 60661
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORT, NANCY A.	3.2 NAME	
STREET ADDRESS	500 W. MADISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60661	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCK, DALE C	4.2 NAME	
STREET ADDRESS	ONE SANSOME ST., 27TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATTON, ANN R.	5.2 NAME	Secretary
STREET ADDRESS	500 W. MADISON ST., 8TH FLOOR	5.3 STREET ADDRESS	500 W. Madison, 8th Fl.
CITY-ST-ZIP	CHICAGO IL 60661	5.4 CITY-ST-ZIP	Chicago, IL 60661
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 info 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann R. Bratton* Ann R. Bratton, Secretary 4-16-98 312/627-3

CR2E034 (10/97)