

**2002 UNIFORM BUSINESS REPORT (UBR) AN 15**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91751 019 \*\*\*150.00

**DOCUMENT # F94000002939**

1. Entity 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**

*Handwritten: 2/6*



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number  
**94-1693339**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

*Handwritten: business fee to do business in state*

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	BURNER, PAUL	1 COURT SQUARE	LONG ISLAND CITY NY 11120	<input type="checkbox"/>
D	RUBIN, STANLEY	3851 QUEEN PALM DR.	TAMPA FL 33610	<input type="checkbox"/>
CFO	SERAPHIN, CARLOS	1 SANSOME STREET	SAN FRANCISCO CA 94104	<input type="checkbox"/>
S	REGAN, MICHAEL J	500 W. MADISON, 6TH FLOOR	CHICAGO IL 60441	<input type="checkbox"/>
VPD	GARBER, JANICE	1 SANSOME STREET	SAN FRANCISCO CA 94104	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

*Handwritten: add on the bk*

*Handwritten: 5009*

**FRANCIS M. SISA**  
 Exp. Agent & Central  
 Lic # 718-246-3606  
 BEID # 0003115521

**MICHAEL J. REGAN**  
 500 West Madison Street  
 Chicago, Illinois 60661  
 Telephone: (312) 527-5245  
 P 5433858

13. 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, 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 by the 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 on block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: *5/28/02* DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment

INVOICE PAYMENT FORM

SECTION

Check box for Non-MEP & Non Asset Expenditures Complete sections A,B,C,D,E

AP CODE SITE ID

850 IL29 FSB

Check box for All Asset & MEP Expenditures Complete sections A,B,C,D,E,F,G

MEP # INTERNAL EXTERNAL

FOR ALL INVOICE PROCESSING SEND TO: NAP,SDAK/MS-3155 701 E 60TH ST NORTH SIOUX FALLS, SD 57117

IF PAYING MULTIPLE INVOICES TO SAME VENDOR, INDICATE NUMBER OF INVOICES ATTACHED

Vendor Name/Invoice Number: #F94000002939 Department of State Invoice Description: Citibank Service Corporation Uniform Business Report

Total Invoice Amount \$ 150.00

Use Taxable:

Circle One: Y N State Delivered To Zip Code Use Tax Amount \$

Remittance Message: (optional)

Table with columns: M&D Account Number, Expense Code, Distribution Amount, Invoice Number, Invoice DATE, Project Code. Row 1: 4500-01-01, 30103, 150.00

Legal Invoices: (Optional Section)

Table with columns: Reference #, Lextrak #, Recov Y/N, From Date, To Date. Rows 1, 2, 3

Requested By: (Print) Signature Date Phone #

Authorized By: (Print) Signature Date Phone #

IF INVOICE IS FOR A CONSULTANT PLEASE COMPLETE THE FOLLOWING INFORMATION: (Optional Section)

Contract Under \$25,000 Contract over \$25,000 and the contract number is CN

To be completed by South Dakota National Payables: Property Unit #

COMPLIANCE REVIEW (Optional Section)