

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2004 90024 003 ***150.00

F94000002939

FILED

04 APR -2 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 94-1693339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">PD BURNER, PAUL 1 COURT SQUARE LONG ISLAND CITY NY 11120</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>D RUBIN, STANLEY 3851 QUEEN PALM DR. TAMPA FL 33610</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>CFO SERAPHIN, CARLOS 1 SANSOME STREET SAN FRANCISCO CA 94104</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>S REGAN, MICHAEL J 500 W. MADISON, 6TH FLOOR CHICAGO IL 60441</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VPD GARBER, JANICE 1 SANSOME STREET SAN FRANCISCO CA 94104</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	PD BURNER, PAUL 1 COURT SQUARE LONG ISLAND CITY NY 11120	<input type="checkbox"/> Delete	D RUBIN, STANLEY 3851 QUEEN PALM DR. TAMPA FL 33610	<input type="checkbox"/> Delete	CFO SERAPHIN, CARLOS 1 SANSOME STREET SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete	S REGAN, MICHAEL J 500 W. MADISON, 6TH FLOOR CHICAGO IL 60441	<input type="checkbox"/> Delete	VPD GARBER, JANICE 1 SANSOME STREET SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 information 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; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: _____ *Sec. 3-23-04* Date _____ Daytime Phone # _____