

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2003 8:00 am**  
**Secretary of State**

09-16-2003 90005 017 \*\*\*550.00

STATES  
FL

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-1693339**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 the laws of the State of Florida. I am familiar with, and accept the obligations of registered agent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information is true and accurate as of the date of filing, or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/13/03**

Date

Daytime Phone #

**MICHAEL J. REGAN**  
500 West Madison Street  
Chicago, Illinois 60661  
IL29/6th Fl./Legal Dept.  
(312) 627-5245  
P 5433958

CR2E034 (4/03)