

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005220

1. Entity Name

CITICORP INFORMATION TECHNOLOGY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90414 019 ***150.00

Principal Place of Business

Mailing Address

4 SYLVAN WAY
 PARSIPPANY NJ 07054

4 SYLVAN WAY
 PARSIPPANY NJ 07054-3801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3613725-

Applied For

Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GITLEN, MARK	
STREET ADDRESS	111 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROSE, GEORGE	
STREET ADDRESS	111 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PALKOVIC, MIKE	
STREET ADDRESS	ONE COURT SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHUBERT, JUDITH	
STREET ADDRESS	ONE COURT SQUARE	
CITY-ST-ZIP	LONG ISLAND CITY NY 11120	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, KENNETH	
STREET ADDRESS	399 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISZENKEL, PAUL	
STREET ADDRESS	111 Wall Street, 18/10	
CITY-ST-ZIP	New York, NY 10043	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JACKIE	
STREET ADDRESS	111 Wall Street, 18/10	
CITY-ST-ZIP	New York, NY 10043	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conway, Thomas	
STREET ADDRESS	111 Wall Street, 18/10	
CITY-ST-ZIP	New York, NY 10043	
TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schubert, Judith	
STREET ADDRESS	399 Park Avenue, 4/5	
CITY-ST-ZIP	New York, NY 10043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

04/20/00

212-657-4051

Date

Daytime Phone #

CR2E034 (9/99)