


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 014 ***550.00

DOCUMENT # F98000005388					
1. Entity Name CITIGROUP GLOBAL MARKETS INC.					
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013			Mailing Address 388 GREENWICH STREET TAX DEPT, 22ND FL NEW YORK, NY 10013		
2. Principal Place of Business		3. Mailing Address <i>3800 Citigroup Center Dr.</i>		50020037	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05172006 Chg-P CR2E034 (11/05)	
City & State		City & State <i>Tampa, FL</i>		4. FEI Number 11-2418191	
Zip		Zip <i>33610</i>		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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. --- (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCD <input type="checkbox"/> Delete	NAME DRUSKIN, ROBERT		TITLE <i>Asst Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Robyn Gomez</i>	
STREET ADDRESS 388 GREENWICH ST	CITY - ST - ZIP NEW YORK, NY 10013		STREET ADDRESS <i>3800 Citigroup Center Dr.</i>	CITY - ST - ZIP <i>Tampa, FL 33610</i>	
TITLE SVP <input type="checkbox"/> Delete	NAME KOHN, GEORGE		TITLE 	NAME	
STREET ADDRESS 388 GREENWICH STREET	CITY - ST - ZIP NEW YORK, NY 10013		STREET ADDRESS	CITY - ST - ZIP	
TITLE T <input type="checkbox"/> Delete	NAME FREIDENRICH, SCOTT		TITLE 	NAME	
STREET ADDRESS 388 GREENWICH ST	CITY - ST - ZIP NEW YORK, NY 10013		STREET ADDRESS	CITY - ST - ZIP	
TITLE S <input type="checkbox"/> Delete	NAME KETCHAM, RICHARD		TITLE 	NAME	
STREET ADDRESS 388 GREENWICH ST	CITY - ST - ZIP NEW YORK, NY 10013		STREET ADDRESS	CITY - ST - ZIP	
TITLE MD <input type="checkbox"/> Delete	NAME ANZEL, KEITH		TITLE 	NAME	
STREET ADDRESS 388 GREENWICH ST	CITY - ST - ZIP NEW YORK, NY 10013		STREET ADDRESS	CITY - ST - ZIP	
TITLE 	NAME		TITLE 	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					