


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90227 012 \*\*\*150.00

<b>DOCUMENT # F98000005388</b> 1. Entity Name CITIGROUP GLOBAL MARKETS INC.	
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Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013	Mailing Address 3800 CITIGROUP CENTRE DR G2-18 TAMPA, FL 33610
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address PO Box 31226  Suite, Apt. #, etc.
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City & State  Zip	City & State Tampa, FL  Country USA	4. FEI Number 11-2418191  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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04182007 Chg-P CR2E034 (12/06)

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 <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD DRUSKIN, ROBERT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUSKIN, ROBERT		NAME		
STREET ADDRESS	388 GREENWICH ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	SVP KOHN, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHN, GEORGE		NAME	Michael Klein	
STREET ADDRESS	388 GREENWICH STREET		STREET ADDRESS	388 Greenwich St.	
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP	New York, NY 10013	
TITLE	T FREIDENRICH, SCOTT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIDENRICH, SCOTT		NAME		
STREET ADDRESS	388 GREENWICH ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	S KETCHAM, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHAM, RICHARD		NAME		
STREET ADDRESS	388 GREENWICH ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	MD ANZEL, KEITH	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZEL, KEITH		NAME		
STREET ADDRESS	388 GREENWICH ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	AS GOMEZ, ROBYN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ROBYN		NAME		
STREET ADDRESS	3800 CITIGROUP CENTRE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		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: *Robyn Gomez* 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #