2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005388

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW YORK, NY 10013

GREENE, EDWARD

388 GREENWICH ST

NEW YORK, NY 10013

() Delete

FILED Apr 08, 2009 Secretary of State

| Entity Nan | ne: CITIGROL | IP GLOBAL MARKETS INC. | | | | |
|--|--|----------------------------------|--|--|---|--|
| Current Pr | incipal Place | of Business: | New Princ | New Principal Place of Business: | | |
| | NWICH STREE K, NY 10013 | ET . | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| PO BOX 30509 TAMPA, FL 33631 | | | TAX & REI | PO BOX 30509 TAX & REPORTING TAMPA, FL 33631 | | |
| FEI Number: 11-2418191 | | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| 1200 SOUT | ORATION SYS TH PINE ISLAN DN, FL 33324 | | | | | |
| The above in the State | | ubmits this statement for the pu | urpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Carr | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: Title: Name: | KLEIN, MICHAEI 388 GREENWIG NEW YORK, NY | CH ST 10013 Delete | Title: Name: Address: City-St-Zip: Title: Name: | FORESE, JAI 388 GREEN NEW YORK, | WICH ST NY 10013 (X) Change()Addition | |
| Address: City-St-Zip: | 787 7TH AVE NEW YORK, NY | | Address: City-St-Zip: | 3800 CITIGROUP CENTER DRIVE TAMPA, FL 33610 | | |
| Title: Name: | T () FREIDENRICH, 388 GREENWIC | | Title: Name: | T TROHAN, JO | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW YORK, NY 10013

() Change () Addition

SIGNATURE: LISA HOFFMAN VP 04/08/2009