

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0661283 AB

DOCUMENT # F99000004992

1. Entity Name  
CITICORP INSURANCE AGENCY, INC.



FILED

03 JAN 14 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
ONE COURT SQUARE  
46TH FLOOR  
LONG ISLAND CITY NY 11120

Mailing Address  
ONE COURT SQUARE  
46TH FLOOR  
LONG ISLAND CITY NY 11120



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 13-3668998

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 PD  
NAME KNEZ, STEVEN G  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000010087130  
01/14/03--01089--004 \*\*150.00

TITLE VTD  
NAME BURNER, PAUL  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME KIMMELMAN, GARY  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME WOHL, ELLIOT  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME KNEZ, STEVEN G  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME BURNER, PAUL  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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 address, with all other like empowered.

SIGNATURE:

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

1/8/03

718-248-9561

Date

Daytime Phone #

CR2E034 (10/02)