


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000006397 1. Entity Name CITIGROUP MANAGEMENT CORP.	
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Principal Place of Business 399 PARK AVENUE NEW YORK, NY 10043	Mailing Address 300 ST PAUL PLACE BALTIMORE, MD 21202
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1562865	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when restate)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD GERSPACH, JOHN 399 PARK AVE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRAY, J. MICHAEL 399 PARK AVENUE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROSEN, SAUL 399 PARK AVE NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TARAPORT, F B 153 EAST 53RD STREET NEW YORK, NY 10043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNS, J I 300 ST PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HELPER, MICHAEL S 399 PARK AVE NEW YORK, NY 10043

**DO NOT WRITE
IN THIS SPACE**

U00000620531
02/09/07-80099-021 150.00

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>	John I. Jones Vice President	Date 1/30/07	Daytime Phone # (410) 332-3361
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