

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006397

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** CITIGROUP MANAGEMENT CORP.

**Current Principal Place of Business:**

C/O CITIGROUP INC.  
75 HOLLY HILL LN  
GREENWICH, CT 06830

**New Principal Place of Business:**

C/O CITIGROUP INC.  
399 PARK AVENUE  
NEW YORK, NY 1043

**Current Mailing Address:**

C/O CITIGROUP INC.  
75 HOLLY HILL LN  
GREENWICH, CT 06830

**New Mailing Address:**

C/O CITIGROUP INC.  
750 WASHINGTON BLVD. 9TH FLOOR  
STAMFORD, CT 06901

**FEI Number:** 06-1562865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: GERSPACH, JOHN  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10043

Title: PD  
Name: MURRAY, J. MICHAEL  
Address: 399 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10043

Title: COB  
Name: ROSEN, SAUL  
Address: 399 PARK AVE  
City-St-Zip: NEW YORK, NY 10043

Title: DT  
Name: EHLKE, GREGORY C  
Address: 601 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: VPAS  
Name: INGBER, ALAN L  
Address: 750 WASHINGTON B.VD 9TH FLOOR  
City-St-Zip: STAMFORD, CT 06901

Title: VPS  
Name: WOLLARD, JOSEPH B  
Address: 425 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: ALAN L. INGBER

VPAS

01/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date