

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G03955**

(3)

1. Corporation Name

**CITIBANK MORTGAGE CORP.**

Principal Place of Business

**255 E.DANIA BEACH BLVD  
DANIA FL 33004**

Mailing Address

**C/O CITIBANK LEGAL DEPT.  
ONE SANSOME ST. 27TH FL.  
SAN FRANCISCO CA 94104  
US**

2. Principal Place of Business

21 **26 c/o Citibank Legal Dept.**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**500 W. Madison St., 8th Floor**

23 City & State

28 City & State  
**Chicago, IL**

24 Zip

Country

29 Zip

Country

**60661**

**US**

9. Name and Address of Current Registered Agent

**SASSI, RICHARD M  
8750 DORAL BOULEVARD  
MIAMI FL 33178**

3. Date Incorporated or Qualified

**10/07/1982**

3a. Date of Last Report

**11/30/1995**

4. FEI Number

**59-2251914**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **TITLEY, JO-ANN BARR**  
CITY-ST-ZIP **8750 DORAL BLVD  
MIAMI FL 33178**

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **MCAUSLAN, ROBERT R**  
CITY-ST-ZIP **4041 NORTH CENTRAL AVE  
PHOENIX AZ 85012**

TITLE ☐ DELETE  
NAME **VPAS**  
STREET ADDRESS **PORTH, DANIEL R**  
CITY-ST-ZIP **4041 N CENTRAL AVE  
PHOENIX AZ**

TITLE ☐ DELETE  
NAME **VPAS**  
STREET ADDRESS **SASSI, RICHARD M**  
CITY-ST-ZIP **8750 DORAL BLVD  
MIAMI FL 33178**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **LOCK, DALE C**  
CITY-ST-ZIP **ONE SANSOME ST.  
SAN FRANCISCO CA 85012**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **HOWLAND, AMY D**  
CITY-ST-ZIP **4041 N. CENTRAL AVE  
PHOENIX AZ 85012**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard M. Sassi**

DATE

Daytime Phone #

(305) 599-5807

CR2E034 (12/95)

14-12-96