

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G03955 (3)

1. Corporation Name
CITIBANK MORTGAGE CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O CITIBANK ARIZONA 4041 N. CENTRAL AVE. 3RD FL PHOENIX AZ 85012	Mailing Address C/O CITIBANK ARIZONA 4041 N. CENTRAL AVE. 3RD FL PHOENIX AZ 85012
---	---

3. Date Incorporated or Qualified 10/07/1982	4. FEI Number 59-2251914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 500 W. Madison
22 City & State	27 8th Floor
23 City & State	28 Chicago, IL
24 Zip	29 60661
25 Country	30 Cook

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent


B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERY, EDWARD J	1.2 NAME	Eric Rumble
STREET ADDRESS	4041 N. CENTRAL AVENUE, 3RD FLOOR	1.3 STREET ADDRESS	4041 N. Central Ave., #300
CITY-ST-ZIP	PHOENIX AZ 85012	1.4 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLIAM, KATHERINE A	2.2 NAME	Holly Cady
STREET ADDRESS	4041 NORTH CENTRAL AVE	2.3 STREET ADDRESS	3300 N. Central Ave., 5th Floor
CITY-ST-ZIP	PHOENIX AZ 85012	2.4 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCK, DALE C	3.2 NAME	Glenn White
STREET ADDRESS	ONE SANSOME STREET, 27TH FLOOR	3.3 STREET ADDRESS	3300 N. Central Ave., 5th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94104-4448	3.4 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAS HOWLAND, AMY	4.2 NAME	Mike Regan
STREET ADDRESS	4041 N. CENTRAL AVE., 3RD FLOOR	4.3 STREET ADDRESS	500 W. Madison, 8th Floor
CITY-ST-ZIP	PHOENIX AZ 85012	4.4 CITY-ST-ZIP	Chicago, IL 60661
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS TEICHGRAEBER, THOMAS G	5.2 NAME	Anita Jordan
STREET ADDRESS	500 W. MADISON STREET, 7TH FLOOR	5.3 STREET ADDRESS	4041 N. Central Ave., #300
CITY-ST-ZIP	CHICAGO IL 60661	5.4 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP & Asst. Sec./Director
STREET ADDRESS		6.3 STREET ADDRESS	Jo-Ann Barr Titley
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8750 Doral Blvd. Miami, FL 33178

14. 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 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  **Mike Regan VP & Asst. Sec** 4/14/98 312 627 2718

CP2E034 (10/97)