2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P10452

Entity Name: CITICORP DEL-LEASE, INC.

Current Principal Place of Business:

450 MAMARONECK AVE.
HARRISON, NY 10528

New Principal Place of Business:

Current Mailing Address:

PO BOX 31226
TAMPA, FL 336313226 US

New Mailing Address:

PO BOX 30509
TAMPA, FL 336313226 US

FEI Number: 13-3347652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRACCHOLO, ANTHONY
Address: 450 MAMARONECK AVE.
City-St-Zip: HARRISON, NY 10528

Title: VP (X) Delete
Name: STONE, DONNA S
Address: 250 E CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: S (X) Delete
Name: MARCHESE, JASON
Address: 3800 CITI GROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: P ( ) Delete
Name: SMITH, DAVID H
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: SMITH, DAVID
Address: 450 MAMARONECK AVE.
City-St-Zip: HARRISON, NY 10528

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S VP (X) Change ( ) Addition
Name: GOLDBERG, ROBERT
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN AVP 04/24/2008

Electronic Signature of Signing Officer or Director — Date