


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90080 003 ***150.00

DOCUMENT # P13174 1. Entity Name CITICORP VENDOR FINANCE, INC.					
Principal Place of Business 700 EAST GATE DR MT LAUREL, NJ 08054-5404 US			Mailing Address CITICAPITAL FINANCIAL CONTROL 250 E. CARPENTER FREEWAY H03-17 IRVING, TX 75062 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ALEMANY, ELLEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	388 GREENWICH ST.		NAME		
STREET ADDRESS	NEW YORK, NY 10043		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CRACCHIOLO, ANTHONY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	450 MAMARONECK AVENUE		NAME		
STREET ADDRESS	HARRISON, NY 10528		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DELFOE, ROBERT J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	450 MAMARONECK AVENUE		NAME		
STREET ADDRESS	HARRISON, NY 10528		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GOLDBERG, ROBERT R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	450 MAMARONECK AVENUE		NAME		
STREET ADDRESS	HARRISON, NY 10528		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V SMITH, PATRICK C <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	250 E CARPENTER FWY <i>8001 Ridgepoint</i>		NAME	<i>Smith, Patrick C.</i>	
STREET ADDRESS	IRVING, TX 75062		STREET ADDRESS	<i>8001 Ridgepoint Drive</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Irving, TX 75063</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PATRICK C. SMITH, VICE PRESIDENT			Date: <i>2/19/04</i> Daytime Phone #: <i>972 652 1717</i>		

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