

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90019 027 \*\*\*150.00

**DOCUMENT # P13174**

1. Entity Name  
**CITICORP VENDOR FINANCE, INC.**



Principal Place of Business  
**250 EAST CARPENTER FREEWAY H03-17  
IRVING, TX 75062 US**

Mailing Address  
**250 EAST CARPENTER FREEWAY H03-17  
IRVING, TX 75062 US**

**40018606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**22-2761970**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ALEMANY, ELLEN  
STREET ADDRESS 388 GREENWICH ST.  
CITY-ST-ZIP NEW YORK, NY 10043

TITLE D ☐ Delete  
NAME CRACCHIOLO, ANTHONY  
STREET ADDRESS 450 MAMARONECK AVENUE  
CITY-ST-ZIP HARRISON, NY 10528

TITLE D ☐ Delete  
NAME DELFOE, ROBERT J  
STREET ADDRESS 450 MAMARONECK AVENUE  
CITY-ST-ZIP HARRISON, NY 10528

TITLE D ☐ Delete  
NAME GOLDBERG, ROBERT R  
STREET ADDRESS 450 MAMARONECK AVENUE  
CITY-ST-ZIP HARRISON, NY 10528

TITLE V ☒ Delete  
NAME SMITH, PATRICK C  
STREET ADDRESS 8001 RIDGEPOINT DR.  
CITY-ST-ZIP IRVING, TX 75063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Ellen Alemany  
STREET ADDRESS 399 Park Ave  
CITY-ST-ZIP New York, NY 10022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME Donna S. Stone  
STREET ADDRESS 250 E Carpenter Freeway  
CITY-ST-ZIP Irving, TX 75062

TITLE AVP ☐ Change ☒ Addition  
NAME Lisa Bravender  
STREET ADDRESS 250 E Carpenter Freeway  
CITY-ST-ZIP Irving, TX 75062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lisa Bravender* / *Lisa Bravender* 1/31/05 972-652-1717