


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90013 008 \*\*\*550.00

<b>DOCUMENT # P13174</b> 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	
2. Principal Place of Business		3. Mailing Address 3800 CITIBANK CTR Suite, Apt. #, etc. 42-18 City & State TAMPA FL Zip 33610 Country			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 22-2761970	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALEMANY, ELLEN 399 PARK AVE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS 5300 MANHATTAN 3800 CITIBANK CTR TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRACCHIOLO, ANTHONY 450 MAMARONECK AVENUE HARRISON, NY 10528		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELFOE, ROBERT J 450 MAMARONECK AVENUE HARRISON, NY 10528		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, ROBERT R 450 MAMARONECK AVENUE HARRISON, NY 10528		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, DONNA S 250 E CARPENTER FREEWAY IRVING, TX 75062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BRAVENDEE, LISA 250 E CARPENTER FREEWAY IRVING, TX 75062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					