2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13174

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

IRVING, TX 75062

BRAVENDER, LISA

IRVING, TX 75062

(X) Delete

250 E CARPENTER FREEWAY

Entity Name: CITICORP VENDOR FINANCE, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
250 EAST IRVING, TX		FREEWAY H03-17		GENT BLVD TX 75063	US	
Current Mailing Address:			New Mai	New Mailing Address:		
C/O LICENSING PO BOX 31226 TAMPA, FL 33631 US			PO BOX :	C/O LICENSING PO BOX 30509 TAMPA, FL 33631 US		
FEI Number:	22-2761970	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s e of Florida.	ubmits this statement for the pu	ırpose of changing	ı its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
		c Signature of Registered Ager	nt		 Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () ALEMANY, ELLI 399 PARK AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	388 GREEN	(X) Change()Addition I PLUMMER, WAHIDA WICH (, NY 10013	
Title: Name: Address: City-St-Zip:	D () CRACCHIOLO, A 450 MAMARONI HARRISON, NY	ECK AVENUE	Title: Name: Address: City-St-Zip:	S JOVAN, RO 3950 REGE IRVING, TX	ENT BLVD	
Title: Name: Address: City-St-Zip:	D (X) GOLDBERG, RO 450 MAMARONI HARRISON, NY	ECK AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	V (X) STONE, DONNA 250 E CARPEN		Title: Name: Address:		() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: LISA HOFFMAN **AVP** 04/24/2008

() Change () Addition