

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33368** (2)

1. Corporation Name
CITICORP INVESTMENT SERVICES, INC.

Principal Place of Business
**ONE COURT SQ
24TH FL
LONG ISLAND CITY NY 11120
US**

Mailing Address
**ONE COURT SQ
24TH FL
LONG ISLAND CITY NY 11120-0001
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/29/1991

3a. Date of Last Report
02/29/1996

4. FEI Number
13-3502968

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	MDV	<input checked="" type="checkbox"/> DELETE
NAME	RADEST, MICHAEL B	
STREET ADDRESS	ONE COURT SQUARE	
CITY-ST-ZIP	LONG ISLAND CITY NY 11120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEBERG, STEVEN	
STREET ADDRESS	8750 DORAL BLVD., 7TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRICHTON, KIMBERLY	
STREET ADDRESS	ONE COURT SQ	
CITY-ST-ZIP	LONG ISLAND CITY NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOWARD, KATHYRN	
STREET ADDRESS	ONE COURT SQ	
CITY-ST-ZIP	LONG ISLAND CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWANK, ROBIN	
STREET ADDRESS	450 W. 33RD ST., 9TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMSTUTZ, ARNOLD E	
STREET ADDRESS	399 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Storen, Stephen	
1.3 STREET ADDRESS	One Court Square	
1.4 CITY-ST-ZIP	Long Island City, NY 11120	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	One Court Square	
2.4 CITY-ST-ZIP	Long Island City, NY 11120	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen Storen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

4/29/97 (718) 248-6046
Daytime Phone #

0006815

CR2E034 (9/96)