

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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09 FEB 10 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P33368

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/29/1991	4. FEI Number 13-3502968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	STOREN, STEPHEN
STREET ADDRESS	ONE COURT SQUARE
CITY-ST-ZIP	LONG ISLAND NY
TITLE	D
NAME	FRIEBERG, STEVEN
STREET ADDRESS	ONE COURT SQUARE
CITY-ST-ZIP	LONG ISLAND NY
TITLE	VP
NAME	CRICHTON, KIMBERLY
STREET ADDRESS	ONE COURT SQ
CITY-ST-ZIP	LONG ISLAND CITY NY
TITLE	DCEO
NAME	FRASER, BARBARA
STREET ADDRESS	ONE COURT SQ
CITY-ST-ZIP	LONG ISLAND CITY NY 11020
TITLE	P
NAME	DANILLO, KENNETH D
STREET ADDRESS	ONE COURT SQUARE 24TH FLOOR
CITY-ST-ZIP	LONG ISLAND NY 11120
TITLE	D
NAME	MADIGAN, DENNIS
STREET ADDRESS	ONE COURT SQUARE
CITY-ST-ZIP	LONG ISLAND CITY NY 11120

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VP
12 NAME	Dana Giuliano
13 STREET ADDRESS	One Court Square, 24th Floor
14 CITY-ST-ZIP	Long Island City, NY 11120
21 TITLE	Director/CFO
22 NAME	Thomas F. Acton
23 STREET ADDRESS	One Court Square, 24th Floor
24 CITY-ST-ZIP	Long Island City, NY 11120
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Director
42 NAME	Barbara Wolfson
43 STREET ADDRESS	111 Wall Street, 3rd Floor
44 CITY-ST-ZIP	New York, NY 10043
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered

SIGNATURE:

Dana Giuliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 7182486154
Date Daytime Phone #

CR2E034 (11/98)