

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAR 14 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # **P33368**  
1. Entity Name  
**CITICORP INVESTMENT SERVICES, INC.**



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

Mailing Address  
**ONE COURT SQ  
24T FL  
LONG ISLAND CITY NY 11120  
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3502968**

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/4/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **GC DANIELS, DONNA** ☐ Delete  
STREET ADDRESS **ONE COURT SQUARE, 24TH FLOOR**  
CITY-ST-ZIP **LONG ISLAND CITY NY 11120**

TITLE  
NAME **000014099600** ☐ Change ☐ Addition  
STREET ADDRESS **03/14/03--01102--004**  
CITY-ST-ZIP **\*\*150.00**

TITLE  
NAME **COO FEDELE, TONY** ☐ Delete  
STREET ADDRESS **ONE COURT SQUARE, 24TH FLOOR**  
CITY-ST-ZIP **LONG ISLAND CITY NY 11120**

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

TITLE  
NAME **CD DURMER, CHRISTINE** ☐ Delete  
STREET ADDRESS **ONE COURT SQUARE, 24TH FLOOR**  
CITY-ST-ZIP **LONG ISLAND CITY NY 11120**

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

TITLE  
NAME **P MAGUIRE, BILL** ☐ Delete  
STREET ADDRESS **ONE COURT SQUARE, 49TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 11120**

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

TITLE  
NAME **CFO MALLETT, JOHN** ☐ Delete  
STREET ADDRESS **ONE COURT SQUARE, 47TH FLOOR**  
CITY-ST-ZIP **LONG ISLAND CITY NY 11120**

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

TITLE  
NAME **D WOLFSON, BARBARA** ☐ Delete  
STREET ADDRESS **111 WALL STREET, 3RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10013**

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

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]*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



**Citicorp Investment Services**  
One Court Square  
24th Floor  
Long Island City, NY 11120

March 13, 2003

Florida Department of State  
Divisions of Corporations  
409 East Gaines Street  
The Capitol Building  
Tallahassee, FL 32399-0350

RE: Citicorp Investment Services  
Foreign Corporation Filing

To whom it may concern:

Enclosed please find the Profit Corporation Uniform Business report for Citicorp Investment Services and check in the amount of \$150.00.

If you have any questions please contact me at (718) 248-3763.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Nolan", written over a horizontal line.

Gina Nolan  
Compliance Department