

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33633

Entity Name: CITICORP USA, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

450 MAMARONECK AVE.
HARRISON, NY 10528

New Principal Place of Business:

388 GREENWICH STREET
NEW YORK, NY 10013

Current Mailing Address:

PO BOX 30509
TAMPA, FL 33631 US

New Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 13-3535517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRCHEN, KAREN
Address: 388 GREENWICH ST
City-St-Zip: NEW YORK, NY 10013

Title: VP () Delete
Name: ANZEL, KEITH
Address: 388 GREENWICH ST
City-St-Zip: NEW YORK, NY 10013

Title: AS () Delete
Name: GOLDBERG, ROBERT R.
Address: 450 MAMARONECK AVENUE
City-St-Zip: HARRISON, NY 10528

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINELLI, JOSEPH J
Address: 388 GREENWICH ST
City-St-Zip: NEW YORK, NY 10013

Title: VP (X) Change () Addition
Name: LYNN, HOWARD
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: S (X) Change () Addition
Name: WOLLARD, JOSEPH B
Address: 425 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: T () Change (X) Addition
Name: SCHREIBER, DENIS
Address: 388 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10013

Title: VP () Change (X) Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

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.

SIGNATURE: LISA HOFFMAN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date