# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2005**
**Secretary of State**

DOCUMENT# P40679

**Entity Name:** CITIGROUP TECHNOLOGY, INC.

**Current Principal Place of Business:**

1919 PARK AVE
WEEHAWKEN, NJ 07087 US

**New Principal Place of Business:**

**Current Mailing Address:**

1919 PARK AVE., 5TH FL
WEEHAWKEN, NJ 07086 US

**New Mailing Address:**

**FEI Number: 13-3108991** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH 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: C/D ( ) Delete
Name: HOPKINS, DEBORAH
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10043 US

Title: S/V ( ) Delete
Name: NIEHOFF, EDWARD
Address: 909 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10043 US

Title: T/V ( ) Delete
Name: FOSTER, PATTY
Address: 1919 PARK AVENUE, 5TH FLOOR
City-St-Zip: WEEHAWKEN, NJ 07086 US

Title: VP ( ) Delete
Name: STIGLANESE, MIKE
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10043 US

Title: D/VP ( ) Delete
Name: SANZONE, THOMAS
Address: 388 GREENWHICH STREET
City-St-Zip: NEW YORK, NY 10013 US

Title: D/VP ( ) Delete
Name: ALECCI, DONALD
Address: 390 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA FOSTER TVP 02/07/2005

Electronic Signature of Signing Officer or Director — Date