2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40679

Entity Name: CITIGROUP TECHNOLOGY, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1919 PARK WEEHAW	AVE KEN, NJ 07087	US					
Current Mailing Address:				New Mailing Address:			
	PARK AVE., 5TH FL EHAWKEN, NJ 07086 US			125 BROAD ST. 6TH FL NEW YORK, NY 10004 US			
FEI Number: 13-3108991 FEI Number Applied For () FEI Number		FEI Num	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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 Election Campaign Financing Trust Fund Contribution ().						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		elete RAH JE		Title: Name: Address: City-St-Zip:		Change () Addition EVIN LACE	
Title: Name: Address: City-St-Zip:	S/V () D NIEHOFF, EDWA 909 THIRD AVENI NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T/V () D FOSTER, PATTY 1919 PARK AVEN WEEHAWKEN, N			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D STIGLANESE, MI 399 PARK AVENU NEW YORK, NY	JE		Title: Name: Address: City-St-Zip:	D/VP (X) STIGLANESE, N 399 PARK AVEN NEW YORK, NY	NUE	
Title: Name: Address: City-St-Zip:	D/VP () D SANZONE, THOM 388 GREENWHIC NEW YORK, NY	CH STREET		Title: Name: Address: City-St-Zip:	D/VP (X) ALECCI, DONAL 3390 GREENWI NEW YORK, NY	ICH STREET	
Title: Name: Address: City-St-Zip:	D/VP () D ALECCI, DONALD 390 GREENWICH NEW YORK, NY	STREET		Title: Name: Address: City-St-Zip:	D/VP (X) BELEW, WILLIA 399 PARK AVE NEW YORK, NY		

I hereby certify that the information supplied with this filing does not qualify for the 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: THERESA RUSSELL VP 04/04/2006