

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 406898 (7)
 1. Corporation Name
CITIBANK ACCEPTANCE SERVICE CORPORATION



Principal Place of Business % CITIBANK 8750 DORAL BLVD. MIAMI FL 33178	Mailing Address % CITIBANK LEGAL DEPT. 500 W. MADISON ST., 8TH FLOOR CHICAGO IL 60661-2511
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3. Date Incorporated or Qualified 08/15/1972	3a. Date of Last Report 05/10/1996
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21. Principal Place of Business Sute, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1513649	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SASSI, RICK % CITIBANK 8750 DORAL BLVD. MIAMI FL 33178	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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: Rick Sassi
Signature: typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DVP	<input type="checkbox"/> DELETE
NAME EISENBERG, FRED A	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	
TITLE D	<input type="checkbox"/> DELETE
NAME TITLEY, JO-ANN BARR	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	
TITLE CEO	<input type="checkbox"/> DELETE
NAME PALOMARES, CARLOS	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	
TITLE VP	<input type="checkbox"/> DELETE
NAME ACTON, THOMAS F	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME SCHEIN, BARRY S	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	
TITLE AS	<input checked="" type="checkbox"/> DELETE
NAME SASSI, RICHARD M	
STREET ADDRESS 8750 DORAL BLVD.	
CITY-ST-ZIP MIAMI FL 33178	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D, CFO & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME McCort, Nancy	
1.3 STREET ADDRESS 500 W. Madison Street	
1.4 CITY-ST-ZIP Chicago, IL 60661	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Lock, Dale	
5.3 STREET ADDRESS One Sansome Street, 27th Fl.	
5.4 CITY-ST-ZIP San Francisco, CA 94104	
6.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Bratton, Ann R.	
6.3 STREET ADDRESS 500 W. Madison Street	
6.4 CITY-ST-ZIP Chicago, IL 60661	

14. I do 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.

SIGNATURE: Ann R. Bratton, Asst Secretary **4-24-97 312/627-3450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)