

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/15/1972	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1513649	
24	Country	29	Country	Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SASSI, RICK % CITIBANK 8750 DORAL BLVD. MIAMI FL 33178				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 300002513293-4 -05/05/98-01064-010			
				84 City ****150.0FL ***P9800			

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCFT <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORT, NANCY	1.2 NAME	Ann R. Bratton
STREET ADDRESS	500 W MADISON ST	1.3 STREET ADDRESS	500 W. Madison, 8th Floor
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60661
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLEY, JO-ANN BARR	2.2 NAME	
STREET ADDRESS	8750 DORAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMARES, CARLOS	3.2 NAME	
STREET ADDRESS	8750 DORAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACTON, THOMAS F	4.2 NAME	
STREET ADDRESS	8750 DORAL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCK, DALE	5.2 NAME	
STREET ADDRESS	ONE SANSOME STREET 27TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATTON, ANN R.	6.2 NAME	
STREET ADDRESS	500 W MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

TLL MAY 1 1998

14. 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 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* Ann R. Bratton, Secretary 4/15/98 312-627-3718

CR2E034 (10/97)