

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90081 009 ***150.00

DOCUMENT # F92000000596

1. Entity Name
CITIGROUP INC.

Principal Place of Business

**153 EAST 53RD ST
 NEW YORK NY 10043
 US**

Mailing Address

**300 ST. PAUL PLACE
 BSP 100
 BALTIMORE MD 21202
 US**

2. Principal Place of Business

399 PARK AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

Zip

Country

10043

Country

4. FEI Number

52-1568099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
 NAME **WEILL, SANFORD I**
 STREET ADDRESS **153 EAST 53RD ST**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **SV** ☒ Delete
 NAME **MILLER, HEIDI G CFO**
 STREET ADDRESS **153 EAST 53RD ST**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **V** ☐ Delete
 NAME **INGBER, A.L.**
 STREET ADDRESS **75 HOLLY HILL LANE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE **EVP** ☐ Delete
 NAME **ETTINGER, I R**
 STREET ADDRESS **153 EAST 53RD ST**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **EVP** ☐ Delete
 NAME **PRINCE, C O**
 STREET ADDRESS **153 EAST 53RD ST**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **AS** ☐ Delete
 NAME **MOYLAN, C M**
 STREET ADDRESS **300 ST. PAUL PLACE**
 CITY-ST-ZIP **BALTIMORE MD 21202**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **399 PARK AVENUE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **EVP, CFO**
 NAME **TODD S. THOMSON**
 STREET ADDRESS **399 PARK AVENUE**
 CITY-ST-ZIP **NEW YORK, NY 10043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **399 PARK AVENUE**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **399 PARK AVENUE**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED C.M. MOYLAN 4/29/02

Date

Daytime Phone #

410-332-3000

CR2E034 (9/01)