

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841298

Entity Name: CITICORP NORTH AMERICA, INC.**Current Principal Place of Business:**388 GREENWICH STREET
NEW YORK, NY 10013**Current Mailing Address:**PO BOX 30509
ATTN :TAX AND REPORTING
TAMPA, FL 33630 US**FEI Number:** 13-2938684**Certificate of Status Desired:** No**Name and Address of Current 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_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR, CHAIRMAN
Name FIKKE, JEROEN
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title TREASURER, VP
Name GARDNER, MARIA LUISA
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title SECRETARY, VP
Name WOLLARD, JOSEPH
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name HAVASI, EVELYN
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name DECRISTOFARO , JONATHAN
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name GEERTSEMA , KEPLER
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title ASSISTANT TAX OFFICER
Name SCHMIDT, JULIE
Address 3800 CITIGROUP CENTER DRIVE
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name DAVIS, RYAN
Address 33 CANADA SQUARE
City-State-Zip: LONDON E14 5LB

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I hereby 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 all other like empowered.

SIGNATURE: JULIE SCHMIDT**ASSISTANT TAX OFFICER** 04/16/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CFO, VP
Name	HEARST , JESSICA
Address	580 CROSSPOINT PARKWAY
City-State-Zip:	GETZVILLE NY 14068