

2021 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 SECRETARY, VP

Name WOLLARD, JOSEPH

Address 388 GREENWICH STREET

City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP

Name SHERIDAN, CAROLYN A

Address 227 WEST MONROE STREET

City-State-Zip: CHICAGO IL 60606

Title ASSISTANT TAX OFFICER

Name SCHMIDT, JULIE

Address 8800 HIDDEN RIVER PARKWAY

City-State-Zip: TAMPA FL 33637

Title TREASURER, VP

Name SPADAFORA, VICTOR

Address 2 COURT SQUARE

City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR, VP

Name HAVASI, EVELYN

Address 388 GREENWICH STREET

City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP

Name TREDICI, JOSEPH

Address 2 COURT SQUARE

City-State-Zip: LONG ISLAND CITY NY 11101

Title CFO, COMPTROLLER

Name AGNELLO, MICHAEL

Address 580 CROSSPOINT PARKWAY

City-State-Zip: GETZVILLE NY 14068

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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 04/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DAVIS, RYAN
Address	25 CANADA SQUARE
City-State-Zip:	LONDON GB E14 5LB