2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2019
Secretary of State
4368522931CC

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

Title	DIRECTOR, VP
Name	TREDICI, JOSEPH
Address	111 WALL STREET
City-State-Zip:	NEW YORK NY 10005

Title	TREASURER, VP
Name	SPADAFORA, VICTOR
Address	1 COURT SQUARE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	DIRECTOR, VP
Name	O'CONNOR, PETER W
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

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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 04/09/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO, COMPTROLLER, VP
Name	HARRIS, SAMUEL
Address	111 WALL STREET
City-State-Zip:	NEW YORK NY 10005