

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852258

**Entity Name:** CITICORP HOME MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

300 ST. PAUL PLACE  
BALTIMORE, MD 21202

**Current Mailing Address:**

P.O. BOX 30509  
ATTN: TAX & REPORTING  
TAMPA, FL 33631 US

**FEI Number:** 56-1317845

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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  
Name            SCHNEIDER, JAMES W  
Address        300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title            TREASURER  
Name            LECHNER, GREGORY  
Address        300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title            VP, SECRETARY  
Name            DAVIS, LINDA S  
Address        300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD 21202

Title            ASST. SECRETARY  
Name            BAER, TERESA M  
Address        300 ST. PAUL PLACE  
City-State-Zip: BALTIMORE MD

Title            ASST. SECRETARY  
Name            HOFFMAN, LISA A  
Address        3800 CITIGROUP CENTER DRIVE  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR  
Name            DELLAL, WILLIAM  
Address        390 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10013

Title            DIRECTOR  
Name            DELLAL, WILLIAM  
Address        390 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10013

*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:** LISA A HOFFMAN

**ASST. SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date