

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852258

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

**Current Principal Place of Business:**

1000 TECHNOLOGY DR  
O'FALLON, MO 63368

**Current Mailing Address:**

PO BOX 30509  
ATTN: TAX AND REPORTING  
TAMPA, FL 33630 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 SECRETARY  
Name BOYHER, JEFFERY L  
Address 1000 TECHNOLOGY DR  
City-State-Zip: O'FALLON MO 63368

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

Title PRESIDENT, DIRECTOR  
Name PINNIGER, ROBERT  
Address 388 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name CRAMER, JASON  
Address 6400 LAS COLINAS BLVD  
City-State-Zip: IRVING TX 75039

Title DIRECTOR  
Name LUVAI, HARRISON  
Address 1000 TECHNOLOGY DRIVE  
City-State-Zip: O'FALLON MO 63368

Title CFO  
Name LEHMAN, SHANNON  
Address 1000 TECHNOLOGY DRIVE  
City-State-Zip: O'FALLON MO 63368

*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 03/20/2023**

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

\_\_\_\_\_  
Date