## **2025 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 FILED
Apr 15, 2025
Secretary of State
8592364649CC

## **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 Title ASSISTANT TAX OFFICER

Name WORLEY, DOUGLAS Name SCHMIDT, JULIE

Address 1000 TECHNOLOGY DR Address 3800 CITIGROUP CENTER DRIVE

City-State-Zip: O'FALLON MO 63368 City-State-Zip: TAMPA FL 33610

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name PINNIGER, ROBERT K Name CRAMER, JASON

Address 388 GREENWICH STREET Address 6400 LAS COLINAS BLVD

City-State-Zip: NEW YORK NY 10013 City-State-Zip: IRVING TX 75039

Title DIRECTOR Title CFO

Name LUVAI, HARRISON Name LEHMAN, SHANNON

Address 1000 TECHNOLOGY DRIVE Address 1000 TECHNOLOGY DRIVE

City-State-Zip: O'FALLON MO 63368 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 04/15/2025