

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000745

Entity Name: CITICORP SECURITIES SERVICES, 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: 13-3214963

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 DIRECTOR, PRESIDENT, CEO
Name SUOZZO, CHRISTOPHER
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title CFO, VP
Name PASCUZZI, ROBERT
Address 111 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title TREASURER
Name MARTIN, GONZALO
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title SECRETARY, VP
Name OZTAN, OMER
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name DOSMOND, CYRIL
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, VP
Name WADE, WILLIAM
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title ASSISTANT TAX OFFICER
Name SCHMIDT, JULIE
Address 8800 HIDDEN RIVER PARKWAY
City-State-Zip: TAMPA FL 33637

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 04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date