

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004226

Entity Name: CITI RESIDENTIAL LENDING INC.**Current Principal Place of Business:**1000 TECHNOLOGY DRIVE
O'FALLON, MO 63368**Current Mailing Address:**PO BOX 30509
ATTN: TAX AND REPORTING
TAMPA, FL 33630 US**FEI Number:** 26-0591420**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 SECRETARY
Name BOYHER, JEFFERY L
Address 1000 TECHNOLOGY DR
City-State-Zip: O'FALLON MO 63368

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

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

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