

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000596

Entity Name: CITIGROUP INC.**Current Principal Place of Business:**399 PARK AVE
NEW YORK, NY 10022**Current Mailing Address:**P.O. BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US**FEI Number:** 52-1568099**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	CEO, DIRECTOR
Name	CORBAT, MICHAEL L
Address	388 GREENWICH ST
City-State-Zip:	NEW YORK NY 10013

Title	DIRECTOR
Name	O'NEILL, MICHAEL E
Address	399 PARK AVE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	MCQUADE, EUGENE
Address	399 PARK AVE
City-State-Zip:	NEW YORK NY 10022

Title	TREASURER
Name	VON MOLTKE, JAMES
Address	388 GREENWICH ST
City-State-Zip:	NEW YORK NY 10013

Title	SECRETARY
Name	WEERASINGHE, ROHAN
Address	388 GREENWICH ST
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** 04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date