

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40679

Entity Name: CITIGROUP TECHNOLOGY, INC.**Current Principal Place of Business:**388 GREENWICH ST.
NEW YORK, NY 10013**Current Mailing Address:**PO BOX 30509
ATTN: TAX AND REPORTING
TAMPA, FL 33630 US**FEI Number:** 13-3108991**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, VP
Name NIEHOFF, EDWARD
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, SVP
Name PHILHOWER, WILLIAM
Address 700 EDWIN L WARD, SR MEMORIAL HWY
City-State-Zip: RUTHERFORD NJ 07070

Title TREASURER
Name CHEN, REGINALD
Address 1 COURT SQUARE
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name YOUNG, DONALD
Address 388 GREENWICH STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR, CHAIRMAN, CEO
Name JAGDISH, RAO
Address 388 GREENWICH ST
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR
Name NERLINO, VINCENT
Address 499 WASHINGTON BLVD
City-State-Zip: JERSEY CITY NJ 07310

Title DIRECTOR
Name NAPPI, ANTHONY
Address 388 GREENWICH ST
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR
Name WHITAKER, MICHAEL
Address 33 CANADA SQUARE
City-State-Zip: LONDON E14 5LB

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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** 03/21/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CFO
Name DEMAGGIO, THOMAS
Address 1 COURT SQUARE
City-State-Zip: LONG ISLAND CITY NY 11101

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