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95 APR 26 AM 10:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844451 (5)

1. Corporation Name
CITICORP MORTGAGE, INC.

Principal Place of Business Mailing Address

**12855 N. OUTER FORTY DRIVE
M S #22
ST. LOUIS MO 63141
US**

**12855 N. OUTER FORTY DRIVE
M S #22
ST. LOUIS MO 63141
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/25/1979 **02/04/1994**

4. FEI Number Applied For

13-2999081 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 100.000, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	GILMER, CHARLES D.
STREET ADDRESS	12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	D
NAME	ROSENBERG, KIM D.
STREET ADDRESS	12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	PD
NAME	DEVINE, MARK J.
STREET ADDRESS	15851 CLAYTON RD
CITY-ST-ZIP	BALLWIN MO
TITLE	S
NAME	PANNABECKER, JAMES
STREET ADDRESS	15851 CLAYTON ROAD
CITY-ST-ZIP	BALLWIN MO
TITLE	VP
NAME	LOWRY, STEPHEN C
STREET ADDRESS	12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	VP
NAME	FRANZEN, ROBERT M.
STREET ADDRESS	12855 N. OUTER FORTY DRIVE
CITY-ST-ZIP	ST. LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD OPKOWSKI	
1.3 STREET ADDRESS	750 WASHINGTON BLVD.	
1.4 CITY-ST-ZIP	STAMFORD CT 06901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARRY SELIGSON	
4.3 STREET ADDRESS	750 WASHINGTON BLVD	
4.4 CITY-ST-ZIP	STAMFORD, CT 06901	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen C. Lowry 4/19/95 (314) 851-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone