

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844451** (5)

1. Corporation Name
CITICORP MORTGAGE, INC.



Principal Place of Business: **12855 N. OUTER FORTY DRIVE M S #22 ST. LOUIS MO 63141 US**
Mailing Address: **12855 N. OUTER FORTY DRIVE M S #22 ST. LOUIS MO 63141 US**

3. Date Incorporated or Qualified: **10/25/1979** 3a. Date of Last Report: **04/26/1995**
4. FID Number: **13-2999081** Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: [21] State: Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]
2a. Mailing Address: [26] State: Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [30]

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: [] 85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	OPAROWSKI, RICHARD	
STREET ADDRESS	750 WASHINGTON, BLVD	
CITY, ST, ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, KIM D.	
STREET ADDRESS	12855 N. OUTER FORTY DRIVE	
CITY, ST, ZIP	ST. LOUIS MO	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEVINE, MARK J.	
STREET ADDRESS	15851 CLAYTON RD	
CITY, ST, ZIP	BALLWIN MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SELIGSON, GARRY	
STREET ADDRESS	750 WASHINGTON BLVD	
CITY, ST, ZIP	STAMFORD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOWRY, STEPHEN C	
STREET ADDRESS	12855 N. OUTER FORTY DRIVE	
CITY, ST, ZIP	ST. LOUIS MO	
TITLE	VP	<input type="checkbox"/> DELETE
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

11 TITLE	CEO/CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CARL E LEVINSON	
13 STREET ADDRESS	750 WASHINGTON BLVD	
14 CITY, ST, ZIP	STAMFORD, CT 06901	
21 TITLE	ASST. VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROBERT J. JONES	
23 STREET ADDRESS	12855 N. OUTER FORTY DRIVE	
24 CITY, ST, ZIP	ST. LOUIS, MO. 63141	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 supplementary 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 in an attachment with an address.

SIGNATURE: *Robert J. Jones* **ROBERT J. JONES** 1/19/96 (314)851-6454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)