

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844451 (5)**  
 1. Corporation Name  
**CITICORP MORTGAGE, INC.**



Principal Place of Business <b>12855 N. OUTER FORTY DRIVE                  M S #22                  ST. LOUIS MO 63141                  US</b>	Mailing Address <b>12855 N. OUTER FORTY DRIVE                  M S #22                  ST. LOUIS MO 63141                  US</b>
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>10/25/1979</b>	3a. Date of Last Report <b>02/05/1996</b>
4. FEI Number <b>13-2899081</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	<b>OPAROWSKI, RICHARD</b>	<b>750 WASHINGTON, BLVD</b>	<b>STAMFORD CT</b>	
	<b>LEVINSON, CARL E</b>	<b>750 WASHINGTON BLVD</b>	<b>STAMFORD CT</b>	<input type="checkbox"/> DELETE
	<b>JONES, ROBERT J</b>	<b>12855 N. OUTER FORTY DRIVE</b>	<b>ST LOUIS MO</b>	<input type="checkbox"/> DELETE
	<b>SELIGSON, GARRY</b>	<b>750 WASHINGTON BLVD</b>	<b>STAMFORD CT</b>	<input type="checkbox"/> DELETE
	<b>LOWRY, STEPHEN C</b>	<b>12855 N. OUTER FORTY DRIVE</b>	<b>ST. LOUIS MO</b>	<input type="checkbox"/> DELETE
	<b>FRANZEN, ROBERT M.</b>	<b>12855 N. OUTER FORTY DRIVE</b>	<b>ST. LOUIS MO</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

**CFO / TREASURER**  
**RUSSELL SCHAUER**  
**12855 N. OUTER 40 DRIVE**  
**ST. LOUIS, MO. 63141**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Lowry **STEPHEN LOWRY VICE PRES.** 1/15/97 (314) 851-6454  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, OFFICER OR DIRECTOR

CR2E034 (9/96)