

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 844451

1. Corporation Name
CITICORP MORTGAGE, INC.



Principal Place of Business 12855 N. OUTER FORTY DRIVE M S #822 ST. LOUIS MO 63141 US	Mailing Address 12855 N. OUTER FORTY DRIVE M S #822 ST. LOUIS MO 63141 US
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/25/1979	4. FEI Number 13-2999081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: SCHAUB, RUSSELL
STREET ADDRESS: 12855 N OUTER 40 DRIVE	
CITY-ST-ZIP: ST LOUIS MO	
TITLE: CEOC <input type="checkbox"/> DELETE	NAME: LEVINSON, CARL E
STREET ADDRESS: 750 WASHINGTON BLVD	
CITY-ST-ZIP: STAMFORD CT	
TITLE: ASVP <input type="checkbox"/> DELETE	NAME: JONES, ROBERT J
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE	
CITY-ST-ZIP: ST LOUIS MO	
TITLE: S <input type="checkbox"/> DELETE	NAME: SELIGSON, GARRY
STREET ADDRESS: 750 WASHINGTON BLVD	
CITY-ST-ZIP: STAMFORD CT	
TITLE: AVP <input type="checkbox"/> DELETE	NAME: COLVIN, KAREN
STREET ADDRESS: 12855 N. OUTER FORTY DRIVE	
CITY-ST-ZIP: ST. LOUIS MO	
TITLE: VP <input checked="" 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	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	SEE ATTACHED
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	SEE ATTACHED
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Stephen C. Lowry DATE: 4/12/99 (314) 851-6454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

844451

LIST OF OFFICERS AND DIRECTORS

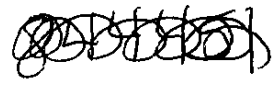
Produced: April 13, 1999

Citicorp Mortgage, Inc.
12855 N. Outer Forty Drive, MS 822
St. Louis, MO 63141

NAME/TITLE/ADDRESS SS# BIRTHDATE DIRECTOR EFFECTIVE DATE

Carl Levinson, Chairman-CEO Yes
113 Great Oaks Road
East Hills, NY 11577

Frank Burnside, Director Yes
153 East 53rd Street, 19th Floor
New York, NY 10043



Pamela Flaherty, Director Yes
130 E. 9th Street
New York, NY 10128

Jeffery Boyher, Asst. Sec.-V.Pres. No
127 Country Creek Court
Ballwin, MO 63011

Stephen C. Lowry, Asst. Treas.-V.Pres. No
11204 Sherwood Oak Court
St. Louis, MO 63146

Robert J. Jones, Vice President No
1258 King's Trail
Fenton, MO 63026

Steven Liquori, Director Yes
One Court Square, 49th Floor
Long Island City, NY 11120

Beth L. Bronner, Director Yes
500 West Madison Avenue
Chicago, IL 60661

Karen Colvin, Asst. Vice President No
441 Reavis Place
St. Louis, MO 63119

Garry R. Seligson, Secretary No
938 Oak Drive
Franklin Square, NY 11016

John Watkins, Director Yes
750 Washington Blvd.
Stamford, CT 06901

Edward T. Walsh, Director Yes
599 Lexington Ave; 24th Fl-Zone10
New York, NY 10043

Robert M. Franzen, Sr. Vice President No
17154 Surrey View
Chesterfield, MO 63005

Dave Lowman, President-COO Yes
917 Kingscove Court
Town & Country, MO 63017

Tom Wind, CFO-Sr. Vice President No
17754 Drummer Lane
Chesterfield, MO 63005

