

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90052 036 ***150.00

DOCUMENT # 844451

1. Entity Name
~~CITICORP MORTGAGE, INC~~=====
 CITIMORTGAGE, INC.

Principal Place of Business Mailing Address
 12855 N. OUTER FORTY DRIVE 12855 N. OUTER FORTY DRIVE
 M S #822 M S #822
 ST. LOUIS MO 63141 ST. LOUIS MO 63141-8635
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2999081** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIQUORI, STEVEN ONE COURT SQUARE, 49TH FLOOR LONG ISLAND CITY NY 11120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC LEVINSON, CARL E 750 WASHINGTON BLVD STAMFORD CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP JONES, ROBERT J 12855 N. OUTER FORTY DRIVE ST LOUIS MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELIGSON, GARRY 750 WASHINGTON BLVD STAMFORD CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP COLVIN, KAREN 12855 N. OUTER FORTY DRIVE ST. LOUIS MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONNER, BETH L 500 WEST MADISON AVENUE CHICAGO IL 60651 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C. Lowry* **Stephen C. Lowry**, Vice President 4/25/00 (314) 851-6454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
C0084586
844451

CITIBANK®

Produced: April 25, 2000

INVOICE INFORMATION

<u>Payee Name</u>	<u>Brief Description</u>	<u>Mailing Address</u>
FL Department Of S	FL-CMI Annual Report	P O Box 1500 Tallahassee, FL 32302-1500

GENERAL INFORMATION

<u>State Code</u>	<u>Brief Description</u>	<u>Registered Agent</u>
FL	FL-CMI Annual Report	C T Corporation System 1200 South Pine Island Rd. Plantation, Florida 33324
<u>Company Code</u>	<u>Business Activity</u>	<u>Co. Name-Address</u>
CMI	Mortgage Banking & Servicing	Citicorp Mortgage, Inc. 12855 N. Outer Forty Drive, MS 822 St. Louis, MO 63141

INITIAL FINANCIAL INFORMATION

<u>Federal Tax ID</u>	<u>Capital Stock</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par</u>	<u>No Par</u>
13-299-9081	Common	200,000	Authorized	\$1.00	
<u>State of Incorporation</u>	<u>Date of Incorporation</u>	<u>Fiscal Period</u>			
Delaware	09-24-1979	December 31			

CURRENT FINANCIAL INFORMATION

Value Of Property