
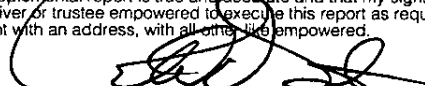


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90002 022 ***550.00

| | | | | | |
|---|-----------------------------------|--|---|--|--|
| DOCUMENT # 852986 | | | |  | |
| 1. Entity Name CITICAPITAL TECHNOLOGY FINANCE, INC. | | | | | |
| Principal Place of Business 450 MAMARONECK AVE HARRISON, NY 10528 | | Mailing Address 250 CARPENTER FREEWAY H03-17 IRVING, TX 75062 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 23-1720013 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SMITH, DAVID | NAME | | | |
| STREET ADDRESS | 450 MAMARONECK AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | HARRISON, NY 10528 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GOLDBERG, ROBERT R | NAME | | | |
| STREET ADDRESS | 450 MAMARONECK AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | HARRISON, NY 10528 | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SMITH, PATRICK C | NAME | <i>Smith, Patrick C.</i> | | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | STREET ADDRESS | <i>8001 Ridgepoint Drive</i> | | |
| CITY-ST-ZIP | IRVING, TX-75062 | CITY-ST-ZIP | <i>Irving, TX-75063</i> | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MADISON, BRIAN | NAME | | | |
| STREET ADDRESS | 1 INTERNATIONAL BLVD, 10TH FL | STREET ADDRESS | | | |
| CITY-ST-ZIP | MAHWAH, NJ 07430 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SOLK, STEVE | NAME | | | |
| STREET ADDRESS | 450 MAMARONECK AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | HARRISON, NY 10528 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SOMASEKHAR, AMIRAPU | NAME | | | |
| STREET ADDRESS | 450 MAMARONECK AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | HARRISON, NY 10528 | CITY-ST-ZIP | | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Date: <i>7/13/04</i> | | Daytime Phone #: <i>912 652 1117</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>PATRICK C. SMITH, VICE PRESIDENT</i> | | | | | |

54063779



01082004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Attachment

54063779

#852986

CitiCapital Technology Finance, Inc.

Principal Place of Business:

450 Mamaroneck Avenue
Harrison, NY 10528

Mailing Address:

CitiCapital Financial Control
Attention: Michele Brock, H03-17
250 E. Carpenter Freeway
Irving, TX 75062

OFFICERS

| <u>Title</u> | <u>Name</u> | <u>Address</u> |
|-----------------------|--------------------|--|
| President | David Smith | 450 Mamaroneck Ave. Harrison, NY 10528 |
| Senior Vice President | Patrick C. Smith | 8001 Ridgepoint Drive Irving, Texas 75063 |
| Secretary | Robert R. Goldberg | 450 Mamaroneck Ave. Harrison, NY 10528 |

DIRECTORS

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| Steve Solk | 450 Mamaroneck Ave. Harrison, NY 10528 |
| Brian Madison | 1 International Blvd 10 th Floor Mahwah, NJ 07430 |
| Amirapu Somasekhar | 450 Mamaroneck Ave. Harrison, NY 10528 |