


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90019 023 ***150.00

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**

40018610



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

01282005 Chg-P CR2E034 (10/03)

4. FEI Number: **23-1720013** 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. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	450 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON, NY 10528	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBERG, ROBERT R	
STREET ADDRESS	450 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON, NY 10528	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, PATRICK C	
STREET ADDRESS	8001 RIDGEPOINT DR	
CITY-ST-ZIP	IRVING, TX 75063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADISON, BRIAN	
STREET ADDRESS	1 INTERNATIONAL BLVD, 10TH FL	
CITY-ST-ZIP	MAHWAH, NJ 07430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLK, STEVE	
STREET ADDRESS	450 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON, NY 10528	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOMASEKHAR, AMIRAPU	
STREET ADDRESS	450 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON, NY 10528	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doona S Stone	
STREET ADDRESS	250 E Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Bravender	
STREET ADDRESS	250 E Carpenter	
CITY-ST-ZIP	Irving, TX 75062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: Lisa Bravender / Lisa Bravender 2/1/05 972-652-1717
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #