

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852986

FILED
Apr 24, 2008
Secretary of State

Entity Name: CITICAPITAL TECHNOLOGY FINANCE, INC.

Current Principal Place of Business:

450 MAMARONECK AVE
HARRISON, NY 10528

New Principal Place of Business:

Current Mailing Address:

PO BOX 31226
TAMPA, FL 336313226

New Mailing Address:

PO BOX 30509
TAMPA, FL 336313226

FEI Number: 23-1720013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, DAVID
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: S () Delete
Name: GOLDBERG, ROBERT R
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: VP (X) Delete
Name: STONE, DONNA S
Address: 250 E. CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: AVP (X) Delete
Name: BRAVENDER, LISA
Address: 250 E. CARPENTER
City-St-Zip: IRVING, TX 75063

Title: D (X) Delete
Name: CRACCHIOLO, ANTHONY
Address: 450 MAMARONECK AVE.
City-St-Zip: HARRISON, NY 10528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOHIDEEN-PLUMMER, WAHIDA
Address: 388 GREENWICH
City-St-Zip: NEW YORK, NY 10013

Title: DVPS (X) Change () Addition
Name: HALL, BRUCE
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AVP

04/24/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date