## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 852986** 

Entity Name: CITICAPITAL TECHNOLOGY FINANCE, INC.

## **Current Principal Place of Business:**

450 MAMARONECK AVENUE HARRISON, NY 10528

## **Current Mailing Address:**

PO BOX 30509 **TAX & REPORTING** TAMPA FL 33631 US

FEI Number: 23-1720013 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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

**FILED** Apr 03, 2013

**Secretary of State** 

CC0530484194

Officer/Director Detail:

P/D Title EVP Title

Name GUBERMAN, MICHAEL Name GRIECO, THOMAS

Address 6460 LAS COLINAS BLVD Address 750 WASHINGTON BLVD

City-State-Zip: STAMFORD CT 06901 IRVING TX 75039 City-State-Zip:

VР Title Title

Name HOFFMAN, LISA A Name LYLES, JR., EUGENE D

Address 3800 CITIGROUP CENTER DRIVE Address 1001 W VILLA MARIA

City-State-Zip: TAMPA FL 33610 City-State-Zip: BRYAN TX 77801

Title Τ

JENKINS, JR, JAMES E Name Address 6400 LAS COLINAS BLVD

City-State-Zip: IRVING TX 75039

I hereby 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 all other like empowered.

VICE PRESIDENT SIGNATURE: LISA A HOFFMAN

Electronic Signature of Signing Officer/Director Detail

04/03/2013