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.

SIGNATURE: LISA A HOFFMAN

Electronic Signature of Signing Officer/Director Detail

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	P/D	Title	EVP, DIRECTOR	
Name	GUBERMAN, MICHAEL	Name	GRIECO, THOMAS	
Address	6460 LAS COLINAS BLVD	Address	750 WASHINGTON BLVD	
City-State-Zip:	IRVING TX 75039	City-State-Zip:	STAMFORD CT 06901	
Title	S	Title	VP	
Name	LYLES, JR., EUGENE D	Name	HOFFMAN, LISA A	
Address	1001 W VILLA MARIA	Address	3800 CITIGROUP CENTER DRIVE	
City-State-Zip:	BRYAN TX 77801	City-State-Zip:	TAMPA FL 33610	
Title	T, VP, DIRECTOR			
Name	JENKINS, JR, JAMES E			
	, ,			
Address	6400 LAS COLINAS BLVD			
City-State-Zip:	IRVING TX 75039			

VICE PRESIDENT

04/16/2014

Date

FILED Apr 16, 2014 Secretary of State CC9429773341

Date