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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00 **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
22118	Citicorp North America, Inc.			
3. Street Address Principal Business Office		City	State	Zip
388 Greenwich Street		New York	NY	10013
4. Business Phone No.	5. State of Incorporation			
813-604-0342	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Commercial and Industrial machinery and equipment rental and leasing.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Mark Handsman			Karen Kirchen		
Street Address			Street Address		
388 Greenwich Street			388 Greenwich Street		
City	State	Zip	City	State	Zip
New York	NY	10013	New York	NY	10013
Secretary Name			Treasurer Name		
Kenneth Cohen			Denis Schreiber		
Street Address			Street Address		
425 Park Avenue			388 Greenwich Street		
City	State	Zip	City	State	Zip
New York	NY	10022	New York	NY	10013

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Jeanne Appelt			Jorge Bermudez		
Street Address			Street Address		
388 Greenwich Street			399 Park Avenue		
City	State	Zip	City	State	Zip
New York	NY	10013	New York	NY	10022
Director Name			Director Name		
James Conahan			Mark Handsman		
Street Address			Street Address		
111 Wall Street			388 Greenwich Street		
City	State	Zip	City	State	Zip
New York	NY	10005	New York	NY	10013

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2000	Common	1.00	2000	Common	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED 11:48
APR 23 2008
BY [redacted]
56342

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [signature] *Date* 4.23.08

Print or Type Name Lisa A. Hoffman

Title AVP

[redacted]

21712-7-226169

Form 630 Rev. 12/06