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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 2010

**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. 000022118		2. Name of Corporation CITICORP NORTH AMERICA, INC.			
3. Street Address Principal Business Office 388 GREENWICH STREET			City NEW YORK	State NY	Zip 10013
4. Business Phone No. (813)604-8114		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL LENDING AND LEASING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH MARTINELLI			Vice President Name LISA A. HOFFMAN		
Street Address 388 GREENWICH STREET			Street Address 3800 CITIGROUP CENTER DRIVE, BLDG F-1		
City NEW YORK	State NY	Zip 10013	City TAMPA	State FL	Zip 33610
Secretary Name JOSEPH B. WOLLARD			Treasurer Name DENIS SCHREIBER		
Street Address 425 PARK AVE.			Street Address 388 GREENWICH STREET		
City NEW YORK	State NY	Zip 10022	City NEW YORK	State NY	Zip 10013
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DEBORAH G. ADELMAN			Director Name JAMES CONAHAN		
Street Address 388 GREENWICH STREET			Street Address 111 WALL STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Director Name KAREN KIRCHEN			Director Name ADAM MESHEL		
Street Address 388 GREENWICH STREET			Street Address 388 GREENWICH STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 2,000	Class/Series COMMON	Par Value 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.

**FILED**

FEB 01 2010

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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: *Lisa A. Hoffman* Date: 1/29/10

LISA A. HOFFMAN

Vice President

Title

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