## 1370



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 2011

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 white to a bound of 60.5825.00 subject to a penalty fee of \$25.00.

7 1 23 7 -									
1. Corporate ID No. 000150611	2. Name of Cor Citicorp Ci	2. Name of Corporation Citicorp Credit Services, Inc (USA)							
3. Street Address Principal Business Office 14000 Citi Cards Way			City Jacksonville	State FL	<sup>Zip</sup> 32258				
4. Business Phone No. 813 604-8133	, , , , , , , , , , , , , , , , , , , ,	5. State of Incorporation Delaware			- I				
6. Brief Description of the Cha Servicing company for	racter of Business Condu credit card operati	ucted in Rhode Island ONS.		. 3000	<u></u>				
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>CHMENT)</i> [] FILL IN	SPACES BEFORE USING	ATTACHMENTS				
President Name			Vice President Name						
Matthew W Jenkins			LISO A. HOHMAN						
Street Address 14000 Citi Cards Way			Street Address 3300 Citia Poud Conter Dr						
City Jacksonville	State FL	<sup>Zip</sup> <b>32258</b>	City Tom Co	State	33610				
Secretary Name Deborah Magri			Treasurer Name Douglas Morrison						
Street Address 14000 Citi Cards Way			Street Address 701 E 60th Street						
City Jacksonville	State FL	32258	<sup>Cüy</sup> Sioux Falls	State SD	<i>Zip</i> 57117				
8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL I	N SPACES BEFORE USIN	IG ATTACHMENTS				
Director Name Richard J Garside			Director Name Curtis Morrison						
Street Address			Street Address						
14000 Citi Cards Way			6400 Las Colinas Blvd						
City	State	Zip	City	State	Zip				
Jacksonville	∫FL	32258	Irving	TX	75039				
Director Name	***************************************		Director Name						
Matthew W Jenkins			Walter J Mulflur		~				
Street Address			Street Address						
14000 Citi Cards Wa	У		4000 Regent Blvd			000			
City	State	Zip	City	State	Zip 📥	<del>7</del> 7			
Jacksonville	FL	32258	Irving	TX	75063	용되는			
9. SHARES AUTHORIZE	<b>ED</b>			O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED					
This information is curr	ently of record in the	he Office of the Secretary of	Number of Shares	Class/Series		E 7			
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.			1,000	Common	0.0	ASIA NAIS			
					<u> </u>	m			
This report must be exec	cuted on behalf of the	he corporation by an authorize	ed representative. If the	corporation is in the hand	ls of a receiver or tr	ustee,			

this report must be executed on behalf of the corporation by the receiver or trustee.

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File Date	LILED			
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רים	FOR SECRETARY OF STATE USE ONLY			RECEI

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.

contained herein are true and correct.		
Drop C. W	1:26:11	
Signature	Date	
Lisa A Hoffman		
Print or Type Name		
Vice President		
Title		•