



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 2012

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. 000022102		2. Name of Corporation CITICORP NATIONAL SERVICES, INC			
3. Street Address Principal Business Office 1000 TECHNOLOGY DRIVE			City O'FALLON	State MO	Zip 63368
4. Business Phone No. (813) 604-8115		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island SERVICING INSTALLMENT LOAN CONTRACTS ISSUED BY CITICORP SUBSIDIARIES AND BY THIRD PARTIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANJIV DAS			Vice President Name Lisa A. Hoffman		
Street Address 399 PARK AVENUE			Street Address 3800 CITIGROUP CENTER DR		
City NEW YORK	State NY	Zip 10022	City TAMPA	State FL	Zip 33572
Secretary Name JEFFERY L BOYHER			Treasurer Name PAUL R INCE		
Street Address 1000 TECHNOLOGY DRIVE			Street Address 1000 TECHNOLOGY DRIVE		
City O'FALLON	State MO	Zip 63368	City O'FALLON	State MO	Zip 63368
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SANJIV DAS			Director Name RALPH O COLLINS III		
Street Address 399 PARK AVENUE			Street Address 1000 TECHNOLOGY DRIVE		
City NEW YORK	State NY	Zip 10022	City O'FALLON	State MO	Zip 63368
Director Name VICTORIA A KIEHL			Director Name NONE		
Street Address 1000 TECHNOLOGY DRIVE			Street Address		
City O'FALLON	State MO	Zip 63368	City	State	Zip
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 MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100000	COMMON	1.00
			THIS SECTION MUST BE COMPLETED		

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

File Date JAN 31 2012
Check No. _____
By: 511 3430244
FOR SECRETARY OF STATE USE ONLY

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.

Lisa A. Hoffman
Signature

1-30-12
Date

LISA A HOFFMAN

Print or Type Name

VICE PRESIDENT

Title