



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. 000137173 | | 2. Name of Corporation CIGPF I CORP | | | |
| 3. Street Address Principal Business Office 390 GREENWICH STREET | | | City NEW YORK | State NY | Zip 10013 |
| 4. Business Phone No. (813) 604-8115 | | 5. State of Incorporation NEW YORK | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE, SALE, AND OWNERSHIP OF POOLS OF CONSUMER ASSETS AND RESIDUAL INTERESTS IN OUTSTANDING SECUR. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name MARK TSESARSKY | | | Vice President Name ARI ROSENBERG | | |
| Street Address 390 GREENWICH STREET | | | Street Address 390 GREENWICH STREET | | |
| City NEW YORK | State NY | Zip 10013 | City NEW YORK | State NY | Zip 10013 |
| Secretary Name (ASST) Lisa A. Hoffman | | | Treasurer Name PETER MOZER | | |
| Street Address 3800 Citigroup Center Dr | | | Street Address 388 GREENWICH STREET | | |
| City Tampa | State FL | Zip 33610 | 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 JEFFREY A PERLOWITZ | | | Director Name MARK TSESARSKY | | |
| Street Address 390 GREENWICH STREET | | | Street Address 390 GREENWICH STREET | | |
| City NEW YORK | State NY | Zip 10013 | City NEW YORK | State NY | Zip 10013 |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 1000 | Class/Series COMMON | Par Value 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: 5113430255
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.

Signature: Lisa A. Hoffman
Date: 1-30-12
LISA A HOFFMAN
Print or Type Name
ASSISTANT SECRETARY
Title