



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000137173		2. Exact name of the Corporation CIGPF I CORP			
3. Principal office address 390 GREENWICH ST.		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 CONSUMER ASSETS AND RESIDUAL INTERESTS IN OUTSTANDING SECURITIZATIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARK TSESARSKY			Vice-President Name ARI ROSENBERG		
Street Address 390 GREENWICH ST.			Street Address 390 GREENWICH ST.		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Secretary Name (Assistant) Lisa A. Hoffman			Treasurer Name ARI ROSENBERG		
Street Address 3800 Citigroup Center Drive			Street Address 390 GREENWICH ST.		
City Tampa	State FL	Zip 33610	City New York	State NY	Zip 10013
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JEFFREY A. PERLOWITZ			Director Name MARK I. TSESARSKY		
Street Address 390 GREENWICH ST.			Street Address 390 GREENWICH ST.		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

FILED

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.

JAN 15 2013

Signature of Authorized Representative

Date

Lisa A. Hoffman

Print or Type Name of Authorized Representative