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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. 000150611		2. Exact name of the Corporation Citicorp Credit Services, Inc			
3. Principal office address 14000 Citi Cards Way			City Jacksonville	State FL	Zip 32258
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 company for credit card operations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Matthew W Jenkins			Vice-President Name Lisa A. Hoffman		
Street Address 14000 Citi Cards Way			Street Address 3800 Citigroup Center Dr		
City Jacksonville	State FL	Zip 32258	City Tampa	State FL	Zip 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	Zip 32258	City Sioux Falls	State SD	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard J Garside			Director Name Matthew W Jenkins		
Street Address 14000 Citi Cards Way			Street Address 14000 Citi Cards Way		
City Jacksonville	State FL	Zip 32258	City Jacksonville	State FL	Zip 32258
Director Name Curtis Morrison			Director Name Walter J Mulflur		
Street Address 6400 Las Colinas Blvd			Street Address 4000 Regent Blvd		
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75063
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
			1,000	Common	.01

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

BY

FILED

JAN 15 2013

BY 187561

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 of Authorized Representative

Date

Lisa A. Hoffman

Print or Type Name of Authorized Representative