



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. 000146700		2. Exact name of the Corporation Citimortgage, Inc.		
3. Principal office address 1000 Technology Dr.		City O'Fallon	State MO	Zip 63368
4. Business Phone No. 813-604-8115		5. State of Incorporation NY		
6. Brief description of the character of business conducted in Rhode Island Mortgage banking activities, including mortgage servicing, and various types of consumer lending				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Sanjiv Das		Vice-President Name Lisa A. Hoffman		
Street Address 399 Park Avenue		Street Address 3800 Citigroup Center Drive		
City New York	State NY	Zip 10022	City Tampa	State FL
Secretary Name Jeffery L. Boyher		Treasurer Name Paul R. Ince		
Street Address 1000 Technology Dr.		Street Address 1000 Technology Dr.		
City O'Fallon	State MO	Zip 63368	City O'Fallon	State MO
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Sanjiv Das		Director Name Ben-Ami Gradwohl		
Street Address 399 Park Avenue		Street Address 425 Park Avenue		
City New York	State NY	Zip 10022	City New York	State NY
Director Name Paul R. Ince		Director Name Vasif Imtiaz		
Street Address 1000 Technology Dr.		Street Address 425 Park Avenue		
City O'Fallon	State MO	Zip 63368	City New York	State NY
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	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

JAN 24 2013

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]
 Signature of Authorized Representative

1-22-13

Date

Lisa A. Hoffman

Print or Type Name of Authorized Representative

By *[Signature]*

CR # 5113434223