

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.	12. Exact name	2. Exact name of the Corporation				
000085271		CitiFinancial Auto Ltd.				
3. Principal office address	1		City	State	7:n	
4000 Regent Blvd.			Irving	TX	Zip 75063	
. Business Phone No. 813-604-8115		5. State of Incorporation MN				
6. Brief description of the chara Auto sales finance	acter of business o	conducted in Rhode Island	1			
	one was a series of the					
7. LIST: ALL OFFICERS (NAI President Name	HS AND A VIE	SSESTEM BY RULE	Vice-President Name			
President Name Anthony Feell			Steve Kline			
Street Address 4000 Regent Blvd.			Street Address 4000 Regent Blvd.			
City Irving	State TX	Zip 75063	City Irving	State TX	Zip 75063	
Secretary Name (Assistant) Lisa A. Ho	offman		Treasurer Name Calvin Balliet			
Street Address 3800 Citigroup Center Drive			Street Address 4000 Regent Blvd.			
City Tampa	State FL	Zip 33610	City Irving	State TX	Zip 75063	
8. LIST <u>ALL</u> DIRECTORS (N.	AMES AND ADDR	(ESSES) ("X" BOX FOR	ATTACHMENT):			
Director Name Anthony Feell	· · - · · · - · · · +			Director Name Steve Kline		
Street Address 4000 Regent Blvd.			Street Address 4000 Regent Blvd.			
City Irving	State TX	Zip 75063	City Irving	State TX	Zip 75063	
Director Name Calvin Balliet	, , , , , , , , , , , , , , , , , , ,		Director Name NONE			
Street Address 4000 Regent Blvd.	,		Street Address			
City Irving	State TX	Zip 75063	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
The state of the s			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		3000	Common	25.00		
This report must be executed		orporation by an authorize t be executed on behalf of			s of a receiver or truster	

File Date:		m that I have examined chedules and statements, e true and correct.	
Clast No.	FILED (Xxx CaCX	1.22.13
		Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	JAN 2 4 2013	لنsa A. Hoffman	
		Drint or Type Name of Authorized Personniative	

Form No. 630 Revised: 01/2012