



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. 000072570		2. Exact name of the Corporation CitiFinancial Auto Credit, Inc.			
3. Principal office address 4000 Regent Blvd.		City Irving		State TX	Zip 75063
4. Business Phone No. 813-604-8115		5. State of Incorporation TX			
6. Brief description of the character of business conducted in Rhode Island Auto sales finance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Anthony Feell			Vice-President 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
Secretary Name (Assistant) Lisa A. Hoffman			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 ALL DIRECTORS (NAMES AND ADDRESSES) ("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 ATTACHMENT) ☐		
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
			1,250	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 of Authorized Representative

Lisa A. Hoffman

Print or Type Name of Authorized Representative

Date

1-22-13

By

MNC
CR # 5113434231