



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. 000092675		2. Exact name of the Corporation Citicorp Home Mortgage Services, Inc.			
3. Principal office address 300 St. Paul Place			City Baltimore	State MD	Zip 21202
4. Business Phone No. 813-604-8115		5. State of Incorporation NC			
6. Brief description of the character of business conducted in Rhode Island Consumer and mortgage lending					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James W. Schneider			Vice-President Name Linda S. Davis		
Street Address 300 St. Paul Place			Street Address 300 St. Paul Place		
City Baltimore	State MD	Zip 21202	City Baltimore	State MD	Zip 21202
Secretary Name (Assistant) Lisa A. Hoffman			Treasurer Name Gregory Lechner		
Street Address 3800 Citigroup Center Drive			Street Address 300 St. Paul Place		
City Tampa	State FL	Zip 33610	City Baltimore	State MD	Zip 21202
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James W. Schneider			Director Name Gregory Lechner		
Street Address 300 St. Paul Place			Street Address 300 St. Paul Place		
City Baltimore	State MD	Zip 21202	City Baltimore	State MD	Zip 21202
Director Name Linda S. Davis			Director Name NONE		
Street Address 300 St. Paul Place			Street Address		
City Baltimore	State MD	Zip 21202	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
			25,000	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] 1.22.13
 Signature of Authorized Representative Date
Lisa A. Hoffman
 Print or Type Name of Authorized Representative

By *[Signature]*
 CA# 5113434232