



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. <b>000092675</b>		2. Exact name of the Corporation <b>Citicorp Home Mortgage Services, Inc.</b>			
3. Principal office address <b>300 St. Paul Place</b>			City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
4. Business Phone No. <b>813-604-8115</b>		5. State of Incorporation <b>NC</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Consumer and mortgage lending</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>James W. Schneider</b>			Vice-President Name <b>Linda S. Davis</b>		
Street Address <b>300 St. Paul Place</b>			Street Address <b>300 St. Paul Place</b>		
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
Secretary Name <b>(Assistant) Lisa A. Hoffman</b>			Treasurer Name <b>Gregory Lechner</b>		
Street Address <b>3800 Citigroup Center Drive</b>			Street Address <b>300 St. Paul Place</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33610</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>James W. Schneider</b>			Director Name <b>Gregory Lechner</b>		
Street Address <b>300 St. Paul Place</b>			Street Address <b>300 St. Paul Place</b>		
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>
Director Name <b>Linda S. Davis</b>			Director Name <b>NONE</b>		
Street Address <b>300 St. Paul Place</b>			Street Address		
City <b>Baltimore</b>	State <b>MD</b>	Zip <b>21202</b>	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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