No. C 67768		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CITICORP NATIONAL SERVICES, INC. LAUREL HARVEY PO BOX 30509 ATTN: TAX & REPORTING TAMPA FL 33631		2. Registered Age	Registered Agent and Address (NO PO BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				CT CORPORAT 1111 W JEFFE BOISE ID 83				
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DAVID J SMITH		6400 LAS COLINAS BLVD	IRVING	TX	USA	75039	
DIRECTOR	RAYMOND R		399 PARK AVE	NEW YORK	NY	USA	10022	
TREASURER			1000 TECHNOLOGY DR	O'FALLLON	MO	USA	63368	
PRESIDENT WAYNE E FLY			1000 TECHNOLOGY DRIVE	O'FALLON	MO	USA	63368	
SECRETARY	JEFFERY L BOYHER ANTHONY RENZI		1000 TECHNOLOGY DRIVE	O'FALLON	MO	USA	63368	
DIRECTOR	1000 NORTH WEST ST	WILMINGTON	DE	USA	19801			
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 67768		Signature: JULIE SCHMIDT		Date: 08/02/20	Date: 08/02/2016			
		Name (type or print): JULIE SCHMIDT		Title: ASSISTA	Title: ASSISTANT TAX OFFICER			
Processed 08/02/2016 * Electronically provided signatures are accepted as original signatures.								