

No. C 155856	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	CITICORP USA, INC. LAUREL HARVEY PO BOX 30509 ATTN: TAX & REPORTING TAMPA FL 33630 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JEROEN FIKKE	388 GREENWICH STREET	NEW YORK	NY	USA	10013
DIRECTOR	EVELYN HAVASI	388 GREENWICH STREET	NEW YORK	NY	USA	10013
TREASURER	VICTOR SPADAFORA	1 COURT SQUARE	LONG ISLAND CITY	NY	USA	11101
SECRETARY	JOSEPH B WOLLARD	153 E 53RD STREET	NEW YORK	NY	USA	10022
PRESIDENT	JEROEN FIKKE	388 GREENWICH STREET	NEW YORK	NY	USA	10013
DIRECTOR	JOSEPH TREDICI	111 WALL STREET	NEW YORK	NY	USA	10005
DIRECTOR	PETER O'CONNOR	388 GREENWICH STREET	NEW YORK	NY	USA	10013
DIRECTOR	CAROLYN SHERIDAN	227 WEST MONROE STREET	CHICAGO	IL	USA	60606
5. Organized Under the Laws of: DE C 155856		6. Annual Report must be signed.* Signature: JULIE SCHMIDT Name (type or print): JULIE SCHMIDT Date: 07/19/2017 Title: ASSISTANT TAX OFFICER				
Processed 07/19/2017		* Electronically provided signatures are accepted as original signatures.				