

No. C 158179		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CITICORP DEL-LEASE, INC. TAX & REPORTING PO BOX 30509 TAMPA FL 33631		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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	MICHAEL GUBERMAN	6460 LAS COLINAS BLVD	IRVING	TX	USA	75039
DIRECTOR	BRIAN WHALEN	388 GREENWICH STREET 7TH FLOOR	NEW YORK	NY	USA	10013
PRESIDENT	MICHAEL GUBERMAN	6460 LAS COLINAS BLVD	IRVING	TX	USA	75039
SECRETARY	EUGENE D LYLES, JR	2700 POST OAK BLVD	HOUSTON	TX	USA	77056
DIRECTOR	THOMAS GRIECO	750 WASHINGTON BLVD	STAMFORD	CT	USA	06901
5. Organized Under the Laws of: DE C 158179		6. Annual Report must be signed.* Signature: JULIE SCHMIDT Name (type or print): JULIE SCHMIDT Date: 01/19/2018 Title: ASST TAX OFFICER				
Processed 01/19/2018		* Electronically provided signatures are accepted as original signatures.				