No. <b>C 100612</b>		Due no later than Jan 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.		2. Registered	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				921 S ORCI	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G			
		CITIFINANCIAL AUTO CREDIT, INC. TAX & REPORTING PO BOX 30509 TAMPA FL 33630		BOISE ID 83705  3. New Registered Agent Signature:*				
4. Corporations: Enter N	lames and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KIMBERLY S	HERRILL	3800 CITIGROUP CENTER DRIVE	TAMPA	FL	USA	33610	
TREASURER	CALVIN BAL	LIET	6400 LAS COLINAS BLVD	IRVING	TX	USA	75039	
DIRECTOR CHARLES JA		CQUES	6400 LAS COLINAS BLVD	IRVING	TX	USA	75039	
PRESIDENT CALVIN BALL		LIET	6400 LAS COLINAS BLVD	IRVING	TX	USA	75039	
DIRECTOR	CALVIN BAL	LIET	6400 LAS COLINAS BLVD	IRVING	TX	USA	75039	
5. Organized Under the Laws of:		6. Annual Report mus						
TX C 100612		Signature: JULIE SCHMIDT		Date: 01/2	Date: 01/25/2018			
		Name (type or print): JULIE SCHMIDT		Title: ASSISTANT TREASURER				
Processed 01/25/2018		* Electronically provide	d signatures are accepted as original si	gnatures.		·		