

2.

WEB FORM COPY

STATE OF ARIZONA CORPORATION COMMISSION **CORPORATION ANNUAL REPORT** & CERTIFICATE OF DISCLOSURE

AZ Corp. Commission
04547731

DUE ON OR BEFORE 03/06/2014

FILING FEE \$4	5.	.00
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PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. RECEIVED

F-1116190-8

CITICORP SECURITIES SERVICES, INC. 1.

FEB 0 5 2014

2390 E CAMELBACK RD PHOENIX, AZ 85016	AMIZONA GORP. COMMISSION CORPORATIONS DIVISION		
Business Phone:	(Business phone is optional.)		
State of Domicile: DELAWARE	Type of Corporation: PROFIT		
Statutory Agent: C T CORPORATION Mailing Address: 2390 E CAMELBAC City, State, Zip: PHOENIX, AZ 850			
Fee \$ appoint	ing a new statutory agent, the new agent MUST consent to that ent by signing below. Note that the agent address must be in Arizona. We, (corporation or limited liability company) having been designated the new Statutory Agent, ent to this appointment until my removal or resignation pursuant to law.		
Reinstate\$ Expedite \$ Signature of new Statutory Agent			
Resubmit\$	Printed Name of <i>new</i> Statutory Agent		
Secondary Address: 390	REENWICH STREET		
(Foreign Corporations are REQUIRED to complete this section).	YORK, NY 10013		
BUSINESS CORPORATIONS 1. Accounting	ing 5. Political tock 6. Religious 7. Social 8. Literary 9. Cultural rch 10. Athletic Events 11. Science/Research mputers) 12. Hospital/Health Care neral) 13. Agricultural 0 14. Cooperative Marketing Association ntion Services 15. Animal Husbandry Homeowner's Association 17. Professional, commercial		

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5. CAPITALIZATION:	(For-profit Corporations and	Business Trusts are REQUIRED	to complete this section.)]	
		rable certificates held by trust	ees evidencing their beneficial i	interest in the trust	
5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized . Number of Shares/Certificates Authorized Class Series Within Class (if an COMMON					
•	mber of shares issued .	nine if the original number of s	shares has changed. Examine Series Within Class (i	·	
	ng more than 20% of any cl	COMMON Business Trusts are <u>REQUIRED</u> ass of shares issued by the co	to complete this section.) orporation, or having more than	n a 20% beneficial	
interest in the corporation	on.	Name:			
NONE -		Name	<u>.</u>		

Number	1000	COMMON	Geries Villilli Glass (il aliy)
List shar	EHOLDERS: (For-profit Corporations and Business True eholders holding more than 20% of any class of share in the corporation.		
	Name:	Nam	ne:
NONE [
	· Name:		ie:
7. <u>OFFIC</u> Name:	<u>ERS</u> PLEASE TYPE OR PRINT CLEARLY. ALAN PACE		LISA A HOFFMAN
Title:	CHIEF EXECUTIVE OFFICER	Title:	ASSISTANT SECRETARY
* ***	390 GREENWICH ST		3800 CITIGROUP CENTER DR
	NEW YORK, NY 10013		TAMPA, FL 33610
Date taking office: 6/5/2007			ng office: 9/14/2006
Name:	PETER MOZER	Name:	OMER OZTAN
Title:	TREASURER	Title:	SECRETARY
Address	388 GREENWICH ST	Address:	388 GREENWICH ST
	NEW YORK, NY 10013		NEW YORK, NY 10013
Date tak	ing office: 6/5/2007	Date taki	ng office: 8/26/2013
	CTORS PLEASE TYPE OR PRINT CLEARLY	Y. YOU M	IUST LIST AT LEAST ONE.
Name:	SANJAY V REDDY		JON OTTOMANELLI
Address	390 GREENWICH ST	Address:	390 GREENWICH ST
	•		
	NEW YORK, NY 10013		NEW YORK, NY 10013
Date tak	ing office: 1/20/2010	Date taki	ng office: <u>8/1/2008</u>
Name:	ALAN PACE	Name:	
Address	: 390 GREENWCH ST	Address:	
	NEW YORK, NY 10013		
Date tak	ing office: 6/5/2007	Date taki	ng office:

AR:0046 Rev. 12/2008

Plea	ase Enter Corporation Name: CITICORP SECURITIES SERV	VICES, IN	CFile nun	nber <u>F-1116190-8</u>	_ Page 3	
9. <u>F</u> Non balar Coo finan	INANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) profits – if your annual report is due on or before September 25, 200 nce sheet including assets, liabilities). If your nonprofit annual report perative marketing associations must in all cases submit a financial statement no matter what date the annual report was due.	98, you mus rt is due afte ncial statem	t attach a financial stateme er September 25, 2008, a fi	inancial statement is n	ot required.	
	Y NONPROFIT CORPORATIONS MUST ANSWER THIS QUEST		Han DOES TO DOES	C NOTE:		
		•	tion DOES D DOE	5 NO I LI nave n	nembers.	
10. <u>c</u> A.	D. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7)) Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:					
1. 2. 3.	period immediately preceding the execution of this certificate? Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?					
	•		box must be mark			
	 If "YES" to A, the following information must be submitted as actions stated in Items 1 through 3 above. 1. Full birth name. 2. Full present name and prior names used. 3. Present home address. 4. All prior addresses for immediately preceding 7 year period. 	an attachm 5. 6.	ent to this report for each pe Date and location of birth The nature and descript action; the date and loca involved; and the file or c	n. ion of each conviction ition; the court and pu	n or judicial Iblic agency	
В.	Has any person who is currently an officer, director, trustee, incorporate issued and outstanding common shares, or 20% of any other in any such capacity or held a 20% interest in any other corporation. If "YES" to B, the following information must be submitted a statement above. (a) Name and address of each corporation and the persons in (b) State(s) in which it: (i) was incorporated and (ii) transact	proprietary, in on the ba One as an attach	beneficial or membership in nkruptcy or receivership of box must be mark ment to this report for each	nterest in the corporat that other corporation ced: YES I	ion, served ? NO 🔀	
	(c) Dates of corporate operation.					
11. <u>s</u>	STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§	10-1623 &	10-11623)			
A .	 Has the <u>corporation</u> filed a petition for bankruptcy or appointed a lif "Yes" to A, the following information <u>must be submitted</u> as 1. All officers, directors, trustees and major stockholders of the appointment of a receiver. If a major stockholder is a corporate board of directors and major stockholders of such corporate controlling twenty per cent of the issued and outstanding sha interest in the corporation. 	an attachm corporation ition, the sta stockholde	ent to this report: within one year of filing the itement shall list the current r. "Major stockholder" mear	e petition for bankrupto t president, chairman ns a shareholder poss	of the essing or	
	2. Whether any such person has been an officer, director, trust			orporation within one	year of the	
	 bankruptcy or receivership of the other corporation. If so, for (a) Name and address of each corporation; (b) States in which it: (i) was incorporated and (ii) tra (c) Dates of operation. 	each such o	, -			
I dec	Annual Reports must be signed and dated clare, under penalty of perjury, that all corporate income tax returns to the Arizona Bonartment of Bourney Lifetithes dealers.	ırns requir	ed by Title 43 of the Arizo	na Revised Statutes	have been	
certi	with the Arizona Department of Revenue. I further declare und ificate, including any attachments, and to the best of my (our) I	uer penaity knowledge	and belief they are true,	e examined this repo correct and comple	ort and the te.	
				-		
Title	ACCIOTANTECENTARY			-		
	ASSISTANT SECRETARY Titl (Signator(s) must be duly authorized corpora	te officer/e	listed in section 7 of thi	s report \		