

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15519 (2)**
1. Corporation Name
THE CIT GROUP/CAPITAL EQUIPMENT FINANCING, INC.



Principal Place of Business
**650 C.I.T. DRIVE
LIVINGSTON, NJ. 07039**

Mailing Address
**650 C.I.T. DRIVE
LIVINGSTON, NJ. 07039**

3. Date Incorporated or Qualified
08/10/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
13-2913152

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then of agent, etc.

Signature typed or printed name of registered agent and then of agent, etc.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DAVID A	1.2 NAME	
STREET ADDRESS	1211 AVENUE OF THE AMERICAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSON, I.	2.2 NAME	
STREET ADDRESS	1211 AVENUE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZDANOW, N.	3.2 NAME	
STREET ADDRESS	1211 AVENUE OF THE AMERICAS	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLICINO, JOSEPH A	4.2 NAME	
STREET ADDRESS	1211 AVENUE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOALAINI, BARBARA C	5.2 NAME	
STREET ADDRESS	650 CIT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROWS, WILLIAM K.	6.2 NAME	
STREET ADDRESS	650 CIT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	6.4 CITY-ST-ZIP	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Barrows 4/29/96 (201) 740-5373

SG 5-1-96

CR2E034 (12/95)