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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS				
DOCUM	IENT # P15	519	(2)	~ F3 ·			
	OIT GROUP/CAPITAL EC	UIPMENT FIN	NANCING, I	NC.			
	,,,,						
							818 (018 9701) 01012 81011 81811 87011 01011 1081
Principal Place of		-	Mailing Address 650 C.I.T. DRIVE				
650 C.I.T. DRIVE LIVINGSTON. NJ. 07039			LIVINGSTON. NJ. 07039				
						3. Date Incorporated or Qualified 08/10/1987	3a. Date of Last Report 05/01/1995
							<u> </u>
2. Principal Plac	ce of Business	F¬	2a. Mailing Address			4. FEI Number 13-2913152	Applied For Not Applicable
Suite, Apt. #.	ato.	26 Suite	Suite Apt. #, etc				\$8.75 Additional
22	, tro.	27	<u></u>			5. Certificate of Status Desired	Fee Required
City & State		<u> </u>	State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
<b>23</b> Ζφ	Country	28 Zip		Countr	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it.	Added to rees
24	<b>25</b>	29		30	,	Florida Statutes	□ No
	9. Name and Address of Cu	rrent Registered	Agent			10. Name and Address of New R	egistered Agent
CT CO	RPORATION SYSTEM			81			
	S. PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptab	nie)
	ATION FL 33324			83	3		
				84	City	<u> </u>	<b>85</b> Zip Code
						estion pulsa to this at stangerst for the rough	FL 00 25 code
or registero	ed agent, or both, in the State of I	Harida, Such chanc	ge was <b>a</b> uthor <i>z</i> e	ad by the cor	nameo corpo poration's boa	ration submits this statement for the pur ird of directors. Thereby accept the app	ointment as registered agent. I am
i	n, and accept the obligations of,	Section 607 0505,	riorda Statutes.	-			
	Signature Type-d or printed name of majo benefit				est signature require	ADDITIONS/CHANGES TO OFF	DATE
12.	OFFICERS	AND DIFFECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	ARNOLD, DAVID A		<b>—</b> · · · ·	1.2 NAME			
STREET ADDRESS	1211 AVENUE OF THE AMERICAS			13 STRE	ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			1.4 City			Change Addition
711LE	AS FINKELSON, I.		DEFELE	2 1 HILL 2 2 NAME	ŀ		Charles
NAME STREET ADDRESS	1211 AVENUE OF THE	AMERICAS			ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY			
TITLE	PD		☐ DELETE	3 1 1110	F		Change Addition
NAME	ZDANOW, N. 1211 AVENUE OF THE	AMERICAS		3.2 NAM	1		
STREET ADDRESS	NEW YORK NY	HINEMICHO		3.3 SINI 3.4 CITY	ET ADDRESS		
CITY-S1-ZIP	D		DELETE	4 1 111			Change Addition
NAME	POLLICINO, JOSEPH A			4.2 NAM	E		
STREET ADDRESS	1211 AVENUE OF THE LIVINGSTON NJ	AMERICAS			ET ADDRESS	<b>20000010</b>	1 7252
CITY-ST-ZIP	AVP AVP		DELETE	44 CITY 5-1 Title	-S1 20F	2000018 -05/13/9601	DD5Officiange
TITLE NAME	LOALAINI, BARBARA C	}	L.J occur.	5 2 NAM		***200.00	
STREET ADDRESS	650 CIT DRIVE				ET ADURESS		
C(TY+ST+Z)P	LIVINGSTON NJ				- \$1 - ZIP		Charter Charter
TITLE	BARROWS, WILLIAM K	•	DELFTE	6 1 1114			Change Addition
NAME	MUNICIPAL C	•		6 2 NAM	T		

6.4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is rue and accurate and trial my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE WILLIAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. CITY-ST-ZiP

6.3 STREET ADDRESS.

STREET ADDRESS

650 CIT DRIVE

LIVINGSTON NJ

CR2E034 (12/95)