

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 807823 (0)

1. Corporation Name

THE CIT GROUP/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
02/15/1949

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

4. FEI Number
13-0542408

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME FIORE, G.
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

TITLE VT ☐ DELETE

NAME HUGHES, P.F.
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

TITLE PD ☐ DELETE

NAME MERRITT, ROBERT J.
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

TITLE VS ☐ DELETE

NAME FALL, JOHN A.
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

TITLE V ☐ DELETE

NAME DREHER, RICHARD L
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

TITLE D ☐ DELETE

NAME GAMPER, A. R. JR.
STREET ADDRESS 650 C.I.T. DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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:

Peter W. Ose/dor

Peter W. Ose/dor

ATTN: W. F. A. O.

4/22/96

(607) 740-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)