

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005529

1. Entity Name  
CIT AEROSPACE, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 PM 12: 56

Principal Place of Business Mailing Address  
1211 AVENUE OF THE AMERICAS 1211 AVENUE OF THE AMERICAS  
NEW YORK NY 10036 NEW YORK NY 10036

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Mailing Address:  
City & State Tax Department, 8<sup>th</sup> Floor  
Zip Country PO Box 3038  
Boca Raton, FL 33431-0938

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3020238 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number Not Allowed) 800004518869--5  
City State Zip Code  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZDANOW, N 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNITTEL, C J 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLURE, STEPHEN 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, K I 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, A 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, T 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark Swartz One Tyco Park Exeter, NH 03833 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brad McGee One Tyco Park Exeter, NH 03833 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Albert Gamper, Jr. 650 CIT Drive Livingston, NJ 07039 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Assistant Treas Scott Stevenson One Town Center Road Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael A. Robinson One Town Center Road Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eric Mandelbaum 650 CIT Drive Livingston, NJ 07039 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all power here empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Scott Stevenson  
Vice President/Asst. Treasurer

9/17/01 (561) 988-7200  
Date Daytime Phone #

SP

010674 AT

CR2E034 (5/01)