## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

	ANNUAL									
DOCUMENT # F0100000520  1. Entity Name THE CIT GROUP/EQUIPMENT FINANCING, INC.						(	FIL 07 MAY 23		<b>.</b> 1	
Principal Place of Business 1 CIT DRIVE LIVINGSTON, NJ 07039 US		Mailing Address 1 CIT DRIVE 1320-1 LIVINGSTON, NJ 0703			====	ALLÁHASS <u>í</u> Minimini				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05032007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe 33-054				oplied For ot Applicable	
Zip	Country	Zip	Coun	itry		5. Certificate	of Status Desired	, 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	·			7. Name and	Address of Nev	Registered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name  Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	e
SIGNATURE.	Signature, typed or printed name of registered agent.  LE NOWIII FEE IS \$550.00 ue by September 14, 2007	9. Election Campa Trust Fund Cont	ign Finar	d Agent signature noting	\$5.	where reinstatings  OO May Be and to Fees		DATE		
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIECKS, RONALD 1540 W. FOUNTAINHEAD PKWY TEMPE, AZ 85282	☐ Delete	TITLE NAM STRE			20	001035 707-01019	9054	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MANDELBAUM, ERIC S 1 CIT DRIVE LIVINGSTON, NJ 07039	☐ Delste	1		39	6/1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOTEK, GLENN A 1 CIT DRIVE LIVINGSTON, NJ 07039	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039	☐ Delete					1 (A) A (A)		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, THOMAS L 1 CIT DRIVE LIVINGSTON, NJ 07039	∭ Delete							Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DEVP INGATO, ROBERT J 1 CIT DRIVE LIVINGSTON, NJ 07039	☐ Delete		1					Change	Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address.	true and accurate and that n wered to execute this report	av sionat	ure shall bay	e ina c	ame lenat ettec	Lag if made unde	sr Aath: that La	m an officer	or disorter