

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90180 012 ***550.00

0118224 AT

DOCUMENT # F01000000520

1. Entity Name
THE CIT GROUP/EQUIPMENT FINANCING, INC.



Principal Place of Business
**650 CIT DRIVE
LIVINGSTON NJ 07039**

Mailing Address
**650 CIT DRIVE
LIVINGSTON NJ 07039**

2. Principal Place of Business
1 CIT DRIVE

3. Mailing Address
1 CIT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LIVINGSTON, NJ

City & State
LIVINGSTON, NJ

Zip
07039

Country
USA

Zip
07039

Country
USA

4. FEI Number **33-0542408**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current 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 Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BURR, JOHNNY D
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ROY W. KELLER, JR.
1540 W. FOUNTAINHEAD PKWY
TEMPE, AZ 85282** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VASD
D'ANNUNZIO, RICHARD A
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & SECRETARY
ERIC S. MANDELBAUM
1 CIT DRIVE
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVGC
FALL, JOHN
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER/DIRECTOR
GLENN A. VOTEK
1 CIT DRIVE
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVS
HARMS, DONALD C
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST. SECRETARY
LINDA M. SEUFERT
1 CIT DRIVE,
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MERRITT, ROBERT J
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
THOMAS L. ABBATE
Same as above** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAT
STEVENSON, SCOTT
ONE TOWN CENTER ROAD
BOCA RATON FL 33483** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR/EXEC. VP
ROBERT J. INCATO
Same as above** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric S. Mandelbaum **ERIC S. MANDELBAUM** 8/13/03 973 740 5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)