

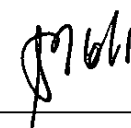
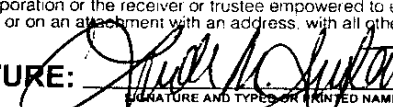


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

<b>DOCUMENT # F01000001878</b>						<b>FILED</b> <b>07 MAY 23 PM 1:47</b> STATE OF FLORIDA TALLAHASSEE, FLORIDA			
<b>1. Entity Name</b> CIT CREDIT FINANCE CORP.									
<b>Principal Place of Business</b> 1 CIT DRIVE LIVINGSTON, NJ 07039		<b>Mailing Address</b> 1 CIT DRIVE SUITE 1320-1 LIVINGSTON, NJ 07039							
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		05042007    Chg-P    CR2E034 (12/06)		<b>4. FEI Number</b> 58-2573583		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
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	
<b>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.</b>									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>KAPUR, KIRAN</b> <input type="checkbox"/> Delete 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VASD</b> <input type="checkbox"/> Delete <b>INGATO, ROBERT J</b> 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100108905151 08/05/07--01015--009 **4650.00			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VS</b> <input type="checkbox"/> Delete <b>MANDELBAUM, ERIC S</b> 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VTD</b> <input type="checkbox"/> Delete <b>VOTEK, GLENN A</b> 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ABBATE, THOMAS L</b> 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>AS</b> <input type="checkbox"/> Delete <b>SEUFERT, LINDA M</b> 1 CIT DRIVE LIVINGSTON, NJ 07039				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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</b>									
<b>SIGNATURE:</b> 					LINDA M. SEUFERT    5/4/2007    (973) 740-5769				