

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90081 023 \*\*\*150.00

**DOCUMENT # F02000006420**

1. Entity Name

CIT SOUTHEAST, INC.



Principal Place of Business

415 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797

Mailing Address

415 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797

04200110



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3623182

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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. 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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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

TITLE PTD ☐ Delete  
NAME MACCARONE, HARRY V  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

TITLE VT ☐ Delete  
NAME ENDE, ROBERT F  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

TITLE VS ☐ Delete  
NAME ANNICELLI, LINDA  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

TITLE VAS ☐ Delete  
NAME FELTMAN, ARTHUR A  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

TITLE V ☐ Delete  
NAME GOLIO, TERESA  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

TITLE V ☐ Delete  
NAME CLAIBORNE, DIANE  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY 11797

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/CEO/T/CFO/D ☒ Change ☐ Addition  
NAME MACCARRONE, HARRY V.  
STREET ADDRESS 415 Crossways Park Drive  
CITY-ST-ZIP Woodbury, NY 11797

TITLE SENIOR VP-FINANCE ☒ Change ☐ Addition  
NAME ROBERT F. ENDE  
STREET ADDRESS 415 Crossways Park Drive  
CITY-ST-ZIP Woodbury, NY 11797

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Arthur A. Feltman*

Arthur A. Feltman, VP & Asst. Sec.

4/15/04 (516) 437-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #