

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90110 034 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-3623182**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution: ☐

**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	MACCARRONE, HARRY V	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ENDE, ROBERT F	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANNICELLI, LINDA	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	FELTMAN, ARTHUR A	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLIO, TERESA	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLAIBORNE, DIANE	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE	P/CEO/T/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARRONE, HARRY V.	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	SENIOR VP-FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDE, ROBERT F.	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP & Asst. Secretary**

Date

*2/10/03 (516) 437-3300*

Daytime Phone #

CR2E034 (10/02)