

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005266
 1. Entity Name
 CIT DCC INC.



Principal Place of Business
 1 CIT DRIVE #1320-I
 LIVINGSTON, NJ 07039-5703

Mailing Address
 1 CIT DRIVE #1320-I
 LIVINGSTON, NJ 07039-5703



04182005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 35-2012753 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, JEFFREY D 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MANDELBAUM, ERIC S 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOTEK, GLENN A 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGATO, ROBERT J 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA M 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABATE, THOMAS L 1 CIT DRIVE #1320-I LIVINGSTON, NJ 070395703

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 05/03/05-80048-022 150.00

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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: *Linda Seufert* LINDA SEUFERT 4/28/05 973.740.5796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #