

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000001794

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

Entity Name: CIT COMMUNICATIONS FINANCE CORPORATION

**Current Principal Place of Business:**

650 CIT DRIVE  
LIVINGSTON, NJ 07039 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 CIT DRIVE  
LIVINGSTON, NJ 07039 US

**New Mailing Address:**

FEI Number: 22-3211455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: VOTEK, GLENN  
Address: 650 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: S ( ) Delete  
Name: INGATO, ROBERT J  
Address: 650 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: S ( ) Delete  
Name: MANDELBAUM, ERIC  
Address: 650 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: PD ( ) Delete  
Name: NULLMEYER, BRADLEY  
Address: 650 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: D ( ) Delete  
Name: HAMMILL, TIMOTHY  
Address: 650 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPAT ( ) Change (X) Addition  
Name: STEVENSON, SCOTT  
Address: ONE TOWN CENTER ROAD  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STEVENSON

VPAT

04/25/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date