

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F93000001794
1. Entity Name
CIT COMMUNICATIONS FINANCE CORPORATION



Principal Place of Business
1 CIT DRIVE
LIVINGSTON, NJ 07039 US

Mailing Address
1 CIT DRIVE
SUITE 1320-1
LIVINGSTON, NJ 07039



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3211455 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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IN THIS SPACE**

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 TD
NAME VOTEK, GLENN
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE VPD
NAME INGATO, ROBERT J
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE S
NAME MANDELBAUM, ERIC
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE D
NAME ABBATE, THOMAS
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE P
NAME SIMON, JEFFREY
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE AS
NAME SEUFERT, LINDA
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

U00000352980
05/03/05-80048-023 150.00

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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)(f), 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 #