


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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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	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

FILED
07 MAY 23 PM 1:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



05042007 Chg-P CR2E034 (12/06)

4. FEI Number 22-3211455		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000103904090 05/05/07--01015--009 **4650.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD INGATO, ROBERT J 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>\$16/1</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDELBAUM, ERIC 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, THOMAS 1 CIT DRIVE LIVINGSTON, NJ 07039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, JEFFREY 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5/4/2007 (973) 740.5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #