

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F94000002950</b>	
1. Entity Name THE CIT GROUP/CONSUMER FINANCE, INC.	



FILED

07 MAY 23 PM 1:41

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business 1 CIT DRIVE LIVINGSTON, NJ 07039	Mailing Address 1 CIT DRIVE 1320-1 LIVINGSTON, NJ 07039
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05032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3191019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESLER, RANDALL 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHUMM, WILLIAM 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MANDELBAUM, ERIC 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISTASO, DAVID M 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 M. Seufert* LINDA M. SEUFERT 5/4/2007 973-740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #