

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001745

1. Entity Name

CIT FINANCIAL USA, INC.

**FILED**  
May 30, 2001 8:00 am  
Secretary of State

05-30-2001 90025 001 \*\*\*550.00

041017

Principal Place of Business

850 CIT DRIVE  
LIVINGSTON NJ 07039  
US

Mailing Address

C/O NEWCOURT SERVICES-TAX  
2 GATEHALL DR  
PARSIPPANY NJ 07054  
US

A0071650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

650 CIT Drive  
Suite, Apt. #, etc.

3. Mailing Address

650 CIT Drive  
Suite, Apt. #, etc.

City & State

Livingston NJ

City & State

Livingston NJ

Zip

07039

Country

US

Zip

07039

Country

US

4. FEI Number 77-0298311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT 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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!**  
After MAY 1, 2001  
Make Check Payable to Department of State

**FEE IS \$150.00**  
Fee will be \$550.00

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, STEVEN K	
STREET ADDRESS	181 BAY ST., STE. 3500, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M5J 2T3	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	IMRIE, WILLIAM M	
STREET ADDRESS	181 BAY ST., STE. 3500, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M5J 2T3	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL A	
STREET ADDRESS	181 BAY ST., STE. 3500, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M5J 2T3	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HERBERT, SCOTT	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	NULLMEYER, BRADLEY D	
STREET ADDRESS	181 BAY ST., STE. 3500, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M5J 2T3	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Kemmer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ingato	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Votek	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Mandelbaum	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben Landriscina	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley Nullmeyer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Votek

Date

Daytime Phone #

973-740-5000

CR2E034 (10/00)