2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001745

Entity Name: CIT FINANCIAL USA, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
1 CIT DRIVI LIVINGSTO	E N, NJ 07039	US				
Current Mailing Address:			New Mailin	New Mailing Address:		
1 CIT DRIVE 1320-1 LIVINGSTON, NJ 07039 US						
FEI Number: 77-0298311		FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above r in the State		bmits this statement for the pur	pose of changing its	s registered office or registered agent, or both,		
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing T	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D ABBATE, THOMAS 1 CIT DRIVE LIVINGSTON, NJ	SL	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DEVP () D INGATO, ROBERT 1 CIT DRIVE LIVINGSTON, NJ	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () D VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AS () D SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ	M	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPS () D MANDELBAUM, E 1 CIT DRIVE LIVINGSTON, NJ	RIC	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () D ARRINGTON, ROI 1 CIT DRIVE LIVINGSTON, NJ	N G	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SIMON, JEFFREY 1 CIT DRIVE LIVINGSTON, NJ 07039		
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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						

SIGNATURE: LINDA SEUFERT 04/27/2006 AS

above, or on an attachment with an address, with all other like empowered.