

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90182 039 \*\*\*550.00

**DOCUMENT # F95000001745**

**1. Entity Name**  
**CIT FINANCIAL USA, INC.**



**Principal Place of Business**  
**650 CIT DRIVE**  
**LIVINGSTON NJ 07039**  
**US**

**Mailing Address**  
**650 CIT DRIVE**  
**LIVINGSTON NJ 07039**  
**US**

**2. Principal Place of Business**

**1 CIT DRIVE**

Suite, Apt. #, etc.

**3. Mailing Address**

**1 CIT DRIVE**

Suite, Apt. #, etc.

**1320-1**

**City & State**

**LIVINGSTON, NJ**

**Zip**

**07039**

**Country**

**USA**

**City & State**

**LIVINGSTON, NJ**

**Zip**

**07039**

**Country**

**USA**

**4. FEI Number** **77-0298311**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>VPAT</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>STEVENSON, SCOTT</b>	
<b>STREET ADDRESS</b>	<b>ONE TOWN CENTER ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33486</b>	
<b>TITLE</b>	<b>VAS</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>INGATO, ROBERT</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON NJ 07039</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>VOTEK, GLENN</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON NJ 07039</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>LANDRISCINA, BEN</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON NJ 07039</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MANDELBAUM, ERIC</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON NJ 07039</b>	
<b>TITLE</b>	<b>CEO</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>HALLMAN, THOMAS B</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON NJ 07039</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DIRECTOR</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>THOMAS L. ABBATE</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON, NJ 07039</b>	
<b>TITLE</b>	<b>DIRECTOR/EXEC V. PRESIDENT</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>TREASURER/DIRECTOR</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>ASST. SECRETARY</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>LINDA M. SEUFERT</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON, NJ 07039</b>	
<b>TITLE</b>	<b>VP4 SECRETARY</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PRESIDENT</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>RON G. ARRINGTON</b>	
<b>STREET ADDRESS</b>	<b>1 CIT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LIVINGSTON, NJ 07039</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *[Signature]* **REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **LINDA M. SEUFERT** **8/15/03** **973 740 5796** **Date** **Daytime Phone #**

CR2E034 (4/03)