

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000006913

1. Entity Name
CIT BUS CORPORATION



Principal Place of Business
1 CIT DRIVE
LIVINGSTON, NJ 07039

Mailing Address
1 CIT DRIVE
LIVINGSTON, NJ 07039



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2030198

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABBATE, THOMAS L
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DT
NAME	VOTEK, GLENN A
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DEVP
NAME	INGATO, ROBERT
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	SVPS
NAME	MANDELBAUM, ERIC S
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	AS
NAME	SEUFEERT, LINDA M
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA SEUFEERT

4/28/05 973.740.5796

Date

Daytime Phone #