

2001 UNIFORM BUSINESS REPORT (UBR)

0026668 AF

DOCUMENT # M00000001235

1. Entity Name
CIT VENTURE LEASING FUND, LLC

FILED
01 MAY 17 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % CIT 2 GATEHALL DRIVE PERSIPPANY NJ 07054	Mailing Address % CIT 2 GATEHALL DRIVE PERSIPPANY NJ 07054
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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.
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City & State Livingston NJ	City & State Livingston NJ
Zip 07039	Zip 07039
Country US	Country US

4. FEI Number 22-3730020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE 06/18/01--01005--014

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

6000004423336--7
50.00 **50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member CIT Technology Financing Services, Inc. 650 CIT Drive Livingston NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bradley Nullmeyer 650 CIT Drive Livingston NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Glenn Votek 650 CIT Drive Livingston NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anne Beroza 650 CIT Drive Livingston NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Steven Schofield 650 CIT Drive Livingston NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Glenn Votek* **SIGNATURE REQUIRED** *Glenn Votek* **973-740-5000**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)