

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M97000000037

1. Entity Name

EQUIPMENT DEALERS CREDIT COMPANY, LLC



FILED

04 MAY -7 AM 11:38

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address

1 CIT DRIVE
LIVINGSTON NJ 07039

2. Principal Place of Business

3. Mailing Address

1 CIT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1320-1

City & State

City & State

LIVINGSTON, NJ

Zip

Country

Zip

07039

Country

US

MOORE

CR2E083 (11/03)

4. FEI Number

35-2004395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

200035752202

05/07/04--01047--001 **3250.00

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SCHUMM, WILLIAM
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME HALLMAN, THOMAS B
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE MGR ☐ Change ☒ Addition
NAME WILLIAM H. BARROWS
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE MGR ☐ Delete
NAME MANDELBAUM, ERIC S
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CIT FINANCIAL USA, INC.
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Linda Seufert* OF MEMBER CIT FINANCIAL USA, INC. 4/30/04 (973) 740-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #