

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SD

DOCUMENT # M97000000037

1. Entity Name
EQUIPMENT DEALERS CREDIT COMPANY, LLC



Principal Place of Business
1 CIT DRIVE
LIVINGSTON, NJ 07039

Mailing Address
1 CIT DRIVE
SUITE 1320-1
LIVINGSTON, NJ 07039

FILED

07 MAY 23 PM 1:35

STATE
TALLAHASSEE, FLORIDA



05042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BARROW, WILLIAM K
1 CIT DRIVE
LIVINGSTON, NJ 07039

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000103905650
06/05/07--01015--009 **4650.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

CIT FINANCIAL USA, INC. MEMBER
BY LINDA SEUFERT ITS ASST. SECY.

5/4/07 973-740-5796