

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90123-003-\$50.00-\$50.00

0021742

DOCUMENT # M97000000037	
1. Entity Name EQUIPMENT DEALERS CREDIT COMPANY, LLC	



SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 27 AM 8:42

LR 10/31

Principal Place of Business 650 CIT DRIVE LIVINGSTON NJ 07039	Mailing Address 650 CIT DRIVE LIVINGSTON NJ 07039
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2. Principal Place of Business 1 CIT DRIVE	3. Mailing Address 1 CIT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1370-1
City & State LIVINGSTON, NJ	City & State LIVINGSTON, NJ
Zip 07039	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 35-2004395	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resetting) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUMM, WILLIAM 2700 ONE BANK TOWER, 111 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 CIT DRIVE LIVINGSTON, NJ 07039 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGATO, ROBERT 650 CIT DRIVE LIVINGSTON NJ 07039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS B. HALLMAN 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERIC S. MANDELBAUM 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member CIT FINANCIAL USA, INC. 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(l), 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.

CIT FINANCIAL USA, INC., MEMBER,

SIGNATURE: **Mark M. Selfert** REQUIRED **DATE: 9/2/03** **DAYTIME PHONE: 734-05796**

CP2E083 (4/03)