

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90123-004-\$550.00-\$550.00

DOCUMENT # M97000000130

1. Entity Name

THERMO CAPITAL COMPANY LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 27 PM 1:45

W  
10/31

Principal Place of Business

ONE RESEARCH DRIVE  
WESTBOROUGH MA 01581

Mailing Address

650 CIT DRIVE  
LIVINGSTON NJ 07039

2. Principal Place of Business

1 CIT DRIVE

3. Mailing Address

1 CIT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1320-1

City & State

LIVINGSTON, NJ

City & State

LIVINGSTON, NJ

Zip

07039

Country

USA

Zip

07039

Country

USA

4. FEI Number 04-3349713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP INGATO, ROBERT 650 CIT DRIVE LIVINGSTON NJ 07039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OMARA, WILLIAM 650 CIT DRIVE LIVINGSTON NJ 07039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORDON, DENNIS 997 LENDX DRIVE LAWRENCEVILLE NJ 08648	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATIGAN, DONOL 900 ASHWOOD PKWY ATLANTA GA 30338	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, DANIEL 245 WINTER STREET, SUITE 300 WALTHAM MA 02451	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTHY, ROBERT ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member CIT TECHNOLOGY FINANCING SERVICES, INC. 1 CIT DRIVE LIVINGSTON NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member THERMO ELECTRON COMPANY 245 WINTER ST., STE. 300 WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input 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: *Linda H. Seufert* CIT TECHNOLOGY FINANCING SERVICES, INC.  
MEMBER BY LINDA H. SEUFERT  
ITS ASST. SECRETARY 8/13/2003 (973) 740-5796

CR2E083 (4/03)