

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90122 016 ****50.00

DOCUMENT # M98000000585

1. Entity Name

GRAYBAR FINANCIAL SERVICES LLC



Principal Place of Business

C/O CIT GROUP INC.
ONE CIT DRIVE. ATTN: LEGAL DEPT.
LIVINGSTON NJ 07039

Mailing Address

C/O CIT GROUP INC.
ONE CIT DRIVE. ATTN: LEGAL DEPT.
LIVINGSTON NJ 07039

2. Principal Place of Business

1 CIT DRIVE

3. Mailing Address

1 CIT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVINGSTON, NJ

City & State

LIVINGSTON, NJ

Zip

07039

Country

USA

Zip

07039

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3420237**

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)

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **BLESSING, LAURA**
STREET ADDRESS **4600 TOUCHTON RD., BLDG 100, STE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **MGR** ☐ Change ☒ Addition
NAME **JON REED**
STREET ADDRESS **34 N. MERAMEC AVE, PO BOX 7231**
CITY-ST-ZIP **ST LOUIS, MO 63144**

TITLE **MGR** ☒ Delete
NAME **TROTCHIE, JACKIE**
STREET ADDRESS **4600 TOUCHTON RD., BLDG 100, STE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **MGR** ☐ Change ☒ Addition
NAME **THOMAS DOWD**
STREET ADDRESS **34 N. MERAMEC AVENUE PO BOX 7231**
CITY-ST-ZIP **ST. LOUIS, MO 63177**

TITLE **MGR** ☐ Delete
NAME **YANDELL, CLYDE**
STREET ADDRESS **4600 TOUCHTON RD., BLDG 100, STE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **MGR** ☐ Change ☒ Addition
NAME **RICHARD MASULLI**
STREET ADDRESS **4600 TOUCHTON ROAD, BLDG 100, ST300**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **MGR** ☐ Delete
NAME **DAVIS, TAWNYA**
STREET ADDRESS **34 NORTH MERAMAC AVENUE**
CITY-ST-ZIP **ST LOUIS MO 63144**

TITLE **MBR** ☐ Change ☒ Addition
NAME **CIT FINANCIAL USA**
STREET ADDRESS **1 CIT DRIVE**
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

TITLE **MGR** ☐ Delete
NAME **JAEGER, STUART**
STREET ADDRESS **34 NORTH MERAMAC AVENUE**
CITY-ST-ZIP **ST LOUIS MO 63144**

TITLE **MBR** ☐ Change ☒ Addition
NAME **GRAYBAR FINANCIAL SVES, INC**
STREET ADDRESS **1 CIT DRIVE**
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

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: *[Signature]* **CIT FINANCIAL USA, INC., MEMBER,**
BY LINDA SEUFERT ITS ASST. SECY. 8/13/2003 (973) 740-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)