

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000522

FILED
Apr 06, 2009
Secretary of State

Entity Name: CIT FUNDING COMPANY, LLC

Current Principal Place of Business:

1 CIT DRIVE
LIVINGSTON, NJ 07039

New Principal Place of Business:

Current Mailing Address:

1 CIT DRIVE
2108-A
LIVINGSTON, NJ 07039

New Mailing Address:

1 CIT DRIVE
#2108-A
LIVINGSTON, NJ 07039

FEI Number: 22-3634034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DIR () Delete
Name: FIGUEROA, ORLANDO
Address: C/O LORD SECURITIES, 48 WALL ST
City-St-Zip: NEW YORK, NY 10005

Title: DIR () Delete
Name: ABEDINE, BENJAMINE B
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: EVP () Delete
Name: INGATO, ROBERT J
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: D/TR () Delete
Name: VOTEK, GLENN
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: SEC () Delete
Name: MANDELBAUM, ERIC
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: A/S () Delete
Name: SEUFERT, LINDA M
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 M. SEUFERT

A/S

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date