## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P08690

(0)

1.	Corporation Name												
	THE CIT	<b>GROUP</b>	/COMMERCIAL	SERVICES,	INC								

Principal Place of	of Business	Mailing Address				Andere in aniel iffina diete anie biett biett diett diett fiell ficht			
C/O CIT 650 C.I.T. E		C/O CIT 650 C.I.T. DRIVE							
LIVINGSTON NJ 07039		LIVINGSTON NJ 07039			3. Date Incorporated or Qualified	3a. Date of I	ast Bei	oort	
						3. Date Incorporated or Qualified 01/10/1986	3a. Date of L 05/	01/19	195
2. Principal Plac	ce of Business	2a. Mailing Address			1	4. FEI Number 13-2699483		A	pplied For
21		26				13-2099403		L	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$ <sup>1</sup>		Additional
City & State		Crty & State		& Election Compaign Emposies		Fee Required			
23		28		Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	untry		8. This corporation has liability for in			
24	25	29	30			Florida Statules	<del>-</del>		001002.
	9. Name and Address of Curren	t Registered Agent			***************************************	10. Name and Address of New Re	gistered Ager	it	
				81	Name				
	ORPORATION SYSTEM			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		· · · · · · · · · · · · · · · · · · ·
	OUTH PINE ISLAND ROAD ATION FL 33324			83					
PLANI	ATION FL 33324								
				84	City	THE PERSON OF THE CONTROL OF MARKET AND ADDRESS OF THE PERSON OF THE PER	F1 85	Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the abo	Jl	named corpor	ration submits this statement for the purp	voca of changin	n its rea	nistered office
or registere	d agent, or both, in the State of Florid , and accept the obligations of, Section	la. Such change was authorizi	ed by the (	corp	oration's boar	rd of directors. I hereby accept the appo	intment as regis	tered a	igent. I am
SIGNATURE:	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,						
S	ignature, typed or printed name of registered agent a		TE: Pegistered	i Agen	t signeture required	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTOF	
TITLE	MARSIELLO, L	DELETE	1, 1 T			2000010	oc. ₁ 및 ལྷ	ange	Addition
NAME	43 WAYNE CT			AME	i	<b>3000018</b> 3 -05/22/96010	94820	.)	
STREET ADDRESS	FT SALONGO WV				ADDRESS	***200.00	J. CLO		
CITY-ST-ZIP TITLE	VP	[ ] DELETE		11Y-S	I-7P	A STATE OF THE PARTY OF THE PAR	[T] ()		C) (43:0
	OBERDORF, P.S.	L.J DITTE	2.13				☐ Ch	ange	Addition
NAME PARECK ADDRESS	1085 WARBURTON AVE.		2.2 N						
STREET ADDRESS	YONKERS NY				*ADDRESS				
CITY-ST-ZIP TITLE	EVP	DELETE	2.4 C 3. 1 T	TY-S	1-ZIP			2000	[ ] Addition
NAME	SPECTOR, S.L.	EJ MACH	3.1 N				☐ Ch	анус	Addition
STREET ADDRESS	137F 36 STREET #9C				ADORESS				
CITY-ST-ZIP	NEW YORK NY		•	itkee i ITY - S'					
TITLE	VP	DELETE	4.17		1-211		□ Ch	anne	Addition
NAME	BELANOFF, STUART B.	and exercise	4.2 N				FT 0.1	a.180	- Addition
STREET ADDRESS	130 E. 18TH STREET				ADDRESS				
CITY-S]-ZIP	NEW YORK NY			11Y-S					
TITLE	SVP	☐ DELETE	5.17		,		m c <b>r</b>	elk	Addition
NAME	ROMANO, JAMES V		5.2 N				( )	. K.,	
STREET ADDRESS	13 GLEN LANE				ADDRESS		6.		
CITY-S1-ZIP	LEVITTOWN NY	•		ITY-S			Ŋ		
TITLE	AS	DELETE	6 1 7				☐ Ch	ange	Addition
NAME	BARONOFF, W.		62 N			3 - 3 - 10 11	1	Ĭ	
STREET ADDRESS	501 E. 79TH STREET				ADDRESS	hist Alta	wher	$\gamma$	
CITY OF 710	NEW YORK NY			TIL OF	7 710	NOSI III	<u> </u>	•	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LUCUL KAZER W. OSALAGAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTURNI - IN FACT

4/23/56

(201) 740 - 5m

Daytime Phone #

CR2E034 (12/95)