

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P08690

1. Entity Name

THE CIT GROUP/COMMERCIAL SERVICES, INC.



FILED

04 MAY -7 AM 11:46

1200 SOUTH PINE ISLAND ROAD  
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DRIVE  
LIVINGSTON NJ 07039  
US

Mailing Address

1 CIT DRIVE  
1320-1  
LIVINGSTON NJ 07039  
US

2. Principal Place of Business

1211 AVENUE OF THE AMERICAS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

Zip

10036

Country

USA

Zip

Country

4. FEI Number

13-2699483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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)

100035752391

05/07/04--01047--001 \*\*3250.00

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☒ Delete  
NAME MARSIELLO, LAWRENCE  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME JOHN F. DALY  
STREET ADDRESS 1211 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VPS ☐ Delete  
NAME MANDELBAUM, ERIC S  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME VOTEK, GLENN A  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME SEUFERT, LINDA M  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ABBATE, THOMAS L  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DEVP ☐ Delete  
NAME INGATO, ROBERT J  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Seufert, ASST. SECY. 4/30/2004 (973) 740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #