2005 FOR PROFIT COKPORATION ANNUAL REPORT

DOCUMENT # P08690 1. Entity Name THE CIT GROUP/COMMERCIAL SERVICES, INC.

Principal Place of Business 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 US

Mailing Address

1 CIT DRIVE 1320-1

LIVINGSTON, NJ 07039

US

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. ILINUINDO	L Trippined (or
13-2699483	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

DO NOT WRITE

PLANTAT	ION, FL 33324	9.1 <u>-</u>	IN THIS SPACE		
8. The above the obligat SIGNATURE_	named entity submits this statement for the pations of registered agent.	surpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATORE.	Signature, typed or printed name of registered agent and title it	l applicable. (NOTE, Registered	Agent signature required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALY, JOHN F 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	.::-		**************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MANDELBAUM, ERIC S 1 CIT DRIVE LIVINGSTON, NJ 07039			000000352972 05/03/05-80048-019 150.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP	TD VOTEK, GLENN A 1 CIT DRIVE LIVINGSTON, NJ 07039	-	DO	NOT WRITE	
TITLE Name Street address City-St-Zip	AS SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039			THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, THOMAS L 1 CIT DRIVE LIVINGSTON NJ 07039				

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:

DEVP

1 CIT DRIVE

INGATO, ROBERT J

LIVINGSTON, NJ 07039

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRINTED NAME OF SIGN

973.740.5796