

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90182 042 \*\*\*550.00

DOCUMENT # P08690

1. Entity Name

THE CIT GROUP/COMMERCIAL SERVICES, INC.



Principal Place of Business

650 CIT DRIVE  
LIVINGSTON NJ 07039

Mailing Address

650 CIT DRIVE  
LIVINGSTON NJ 07039

2. Principal Place of Business

1 CIT DRIVE

3. Mailing Address

1 CIT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1320-1

City & State

LIVINGSTON, NJ

City & State

LIVINGSTON, NJ

Zip

07039

Country

USA

Zip

07039

Country

USA

4. FEI Number

13-2699483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00

After September 10, 2003 Fee will be \$750.00  
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

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

TITLE PD  
NAME DALY, JOHN V. ☒ Delete  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

TITLE VD  
NAME ROMER, RICHARD V. ☒ Delete  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

TITLE VD  
NAME SCHENKER, ROBERT ☒ Delete  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

TITLE VD  
NAME BRAM, DAVID ☒ Delete  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

TITLE VSD  
NAME CLEARY, MICHAEL ☒ Delete  
STREET ADDRESS 1211 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT & CEO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT & SECRETARY ☐ Change ☒ Addition  
NAME ERIC S. MANDELBAUM  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition  
NAME GLENN A. VOTEK  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE ASST. SECRETARY ☐ Change ☒ Addition  
NAME LINDA M. SEUFERT  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME THOMAS L. ABBATE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR/EXEC. VP ☐ Change ☒ Addition  
NAME ROBERT J. INGATO  
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 M. SEUFERT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)