

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P15519

1. Entity Name

THE CIT GROUP/CAPITAL FINANCE, INC.



FILED
May 17, 2004 8:00 A.M.
Secretary of State

Principal Place of Business

1 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address

1 CIT DRIVE
MAILSTOP 1320-1
LIVINGSTON NJ 07039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2913152

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 RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

400035752364
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 PDCE ☐ Delete
NAME ZDANOW, NIKITA
STREET ADDRESS 1211 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE SVPC ☐ Delete
NAME GALAINI, BARBARA
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 TD ☐ Delete
NAME VOTEK, GLENN A
STREET ADDRESS 1211 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE D ☐ Delete
NAME ABBATE, THOMAS L
STREET ADDRESS 650 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 LINDA SEUFERT, ASST SECY 4/30/2004 (973) 740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #