

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

# THE CIT GROUP/ CAPITAL FINANCE, INC. (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: P15519

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA SEUFERT	
(Name of Person)	<u> </u>
CIT GROUP INC.	
(Firm/Company)	
1 CIT DRIVE, # 3251-9	
(Address)	
LIVINGSTON, NJ 07039	
(City/State and Zip code)	

For further information concerning this matter, please call:

SEUFERT LINDA

(Name of Person)

at (973) 740 - 5000

(Area Code & Daytime Telephone Number)

#### STREET ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### MAILING ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

THE CIT GROUP/CAPITAL FINANCE, INC. (Name of Corporation)	
(Document Number of Corporation (if known)	TAL
DELAWARE (Incorporated Under Laws of)	DEC -9

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby, voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

ATTN: GENERAL COUNSEL (Mailing Address) LT DRIVE,

NJ 07039 (City/ State /Zip) LIVINGSTON

The corporation agrees to notify the Department of State in the future of any change in its mailing address,

Signature of a director, president or other officer / in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Signature o

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LINDA M. SEUFERT (Typed or printed name of person signing)

Title of person signing)

FILING FEE \$35