

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90180 011 ***550.00

DOCUMENT # P15519

1. Entity Name
THE CIT GROUP/CAPITAL FINANCE, INC.



Principal Place of Business
**1 CIT DRIVE
LIVINGSTON NJ 07039**

Mailing Address
**1 CIT DRIVE
LIVINGSTON NJ 07039**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAIL STOP 1320-1

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

☒ CHECK HERE IF MAKING CHANGES

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCE
ZDANOW, NIKITA
6211 AVENUE OF THE AMERICAS
NEW YORK NY 10036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1211 AVENUE OF THE AMERICAS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
GALAINI, BARBARA
1 CIT DRIVE
LIVINGSTON NJ 07039** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP & CONTROLLER ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NCCURE, STEVE
1 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST. SECRETARY
LINDA M. SEUFERT
Same as above** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
KNITTEL, CHARLES J
1211 AVE OF THE AMERICAS
NEW YORK NY 10036** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER/DIRECTOR
GLENN A. NOTER
Same as above** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARROWS, WILLIAM K.
650 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARROWS, WILLIAM K.
1 CIT DRIVE
LIVINGSTON NJ 07039** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR/EXEC VP
ROBERT J. INGATO
Same as above** ☐ Change ☒ Addition

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: *Andree M. Seufert* **ANDREE M. SEUFERT** 8/13/03 973 740 5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)