## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21403

Entity Name: CIT TECHNOLOGIES CORPORATION

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business				New Principal Bloom of Business		
Current Principal Place of Business:				New Principal Place of Business:		
1 CIT DRIV LIVINGSTO	E N, NJ 07039	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1 CIT DRIVE 1320-1 LIVINGSTON, NJ 07039 US		2108-A	1 CIT DRIVE 2108-A LIVINGSTON, NJ 07039 US			
FEI Number:	38-2756450	FEI Number Applied For ( ) FEI N	lumber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				Address of Ne	w Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E ARRINGTON, RO 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	PRES (X) C ARRINGTON, ROI 1 CIT DRIVE LIVINGSTON, NJ		
Title: Name: Address: City-St-Zip:	AS () E SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	A/S (X) C SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ		
Title: Name: Address: City-St-Zip:	TD () D VOTEK, GLENN A 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	TR/D (X) O VOTEK, GLENN A 1 CIT DRIVE LIVINGSTON, NJ		
Title: Name: Address: City-St-Zip:	EVPD () DINGATO, ROBER 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	()0	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS () E MANDELBAUM, E 1 CIT DRIVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	VP/S (X) O MANDELBAUM, E 1 CIT DRIVE LIVINGSTON, NJ		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. SEUFERT A/S 04/09/2008