2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21403

City-St-Zip:

LIVINGSTON, NJ 07039 US

Entity Name: CIT TECHNOLOGIES CORPORATION

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1 CIT DRI LIVINGST	VE ON, NJ 07039	US			
Current Mailing Address:			New Mailing Address:		
1 CIT DRIVE		1 CIT DRIVE			
2108-A		#2108-A			
LIVINGST	ON, NJ 07039	US	LIVINGSTON, NJ 0703	9 US	
FEI Number	: 38-2756450	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	ırrent Registered Agent:	Name and Address of	New Registered Agent:	
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RF.				
0.0		Signature of Registered Ag	ent	 Date	
Election Ca		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PRES () ARRINGTON, RO 1 CIT DRIVE LIVINGSTON, N		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	A/S () SEUFERT, LIND 1 CIT DRIVE LIVINGSTON, N		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TR/D () VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, N		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	EVPD () INGATO, ROBER 1 CIT DRIVE LIVINGSTON, N		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP/S () MANDELBAUM, 1 CIT DRIVE	Delete ERIC S	Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: LINDA M. SEUFERT A/S 04/06/2009