

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90182 041 ***550.00

0118201 AT

DOCUMENT # P21403

1. Entity Name
CIT TECHNOLOGIES CORPORATION



Principal Place of Business
650 CIT DRIVE
LIVINGSTON NJ 07039
US

Mailing Address
650 CIT DRIVE
LIVINGSTON NJ 07039
US

2. Principal Place of Business
1 CIT DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1 CIT DRIVE
Suite, Apt. #, etc.
1320-1

City & State
LIVINGSTON, NJ
Zip
07039
Country
USA

City & State
LIVINGSTON, NJ
Zip
07039
Country
USA

4. FEI Number **38-2756450**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMPER, ALBERT R JR. 650 CIT DRIVE LIVINGSTON NJ 07039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO MARKS, LLOYD B 650 CIT DRIVE LIVINGSTON NJ 07039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VOTEK, GLENN A 650 CIT DRIVE LIVINGSTON NJ 07039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V INGATO, ROBERT J 650 CIT DRIVE LIVINGSTON NJ 07039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MANDELBAUM, ERIC S 650 CIT DRIVE LIVINGSTON NJ 07039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMMILL, TIMOTHY D 650 CIT DRIVE LIVINGSTON NJ 07039	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT THOMAS B. HALLMAN 1 CIT DRIVE LIVINGSTON, NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. SECRETARY LINDA M. SEUFERT 1 CIT DRIVE LIVINGSTON, NJ 07039.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC VP/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP+ SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR THOMAS L. ABBATE 1 CIT DRIVE LIVINGSTON, NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Linda M. Seufert **REQUIRED** L. SEUFERT 8/13/03 9737405796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)