FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24711** **(4)**

1. Corporation Name
THE CIT GROUP/SALES FINANCING, INC.

Principal Place of Business
650 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address
650 CIT DRIVE
LIVINGSTON NJ 07039

3. Date Incorporated or Qualified: 06/13/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 13-6131491 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	EGAN, JAMES J., JR.	
STREET ADDRESS	882 BURNT MILLS ROAD	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	V	☐ DELETE
NAME	BAUERBAND, RICHARD	
STREET ADDRESS	715 S. METROPOLITAN	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	V	☐ DELETE
NAME	GORDON, ROBIN H	
STREET ADDRESS	305 KEATLEY DRIVE	
CITY-ST-ZIP	MT. LAUREL NJ	
TITLE	V	☐ DELETE
NAME	LEONE, JOSEPH M.	
STREET ADDRESS	978 ARAPAHO TRAIL	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	V	☐ DELETE
NAME	VENI, GAETANO N	
STREET ADDRESS	10 SANFORD RD	
CITY-ST-ZIP	BUDD LAKE NJ	
TITLE	VP	☐ DELETE
NAME	ALKIRE, JOHN R	
STREET ADDRESS	7225 NW 118	
CITY-ST-ZIP	OKLAHOMA CITY OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	900001835119	
4.4 CITY-ST-ZIP	-05/22/96--01094--016	
5.1 TITLE	***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	List Attached	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: per Kathleen Mazzaney Attorney-In-Fact 4/29/96 (201) 740-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)