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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P24711

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

FILED
07 MAY 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1 CIT DRIVE LIVINGSTON, NJ 07039 US	1 CIT DRIVE 1320-1 LIVINGSTON, NJ 07039 US

05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHESLER, RANDALL
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DEVP
NAME	SCHUMM, WILLIAM
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	T
NAME	DISTASO, DAVID M
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DS
NAME	MANDELBAUM, ERIC
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	AS
NAME	SEUFERT, LINDA M
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 LINDA M. SEUFERT 5/4/07 973-740-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #