

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90182 040 \*\*\*550.00

**DOCUMENT # P24711**

1. Entity 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**

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**

City & State  
**LIVINGSTON, NJ**

Zip  
**07039** Country  
**USA**

Zip  
**07039** Country  
**USA**

4. FEI Number **13-6131491**

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

**CT CORPORATION SYSTEM  
1200 S. 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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                                                |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HALLMAN, TOM<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>SCHUMM, WILLIAM<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>SCHWAM, MARTIN<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>REYNOLDS, KENNETH<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>MANDELBAUM, ERIC<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>BEROZA, ANNE<br/>650 CIT DRIVE<br/>LIVINGSTON NJ 07039</b> <input checked="" type="checkbox"/> Delete     |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                                                                                      |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT+DIRECTOR<br/>RON G. ARRINGTON<br/>1 CIT DRIVE<br/>LIVINGSTON, NJ 07039</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1 CIT DRIVE<br/>LIVINGSTON, NJ 07039</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER<br/>DAVID M. DISTASO<br/>1 CIT DRIVE<br/>LIVINGSTON, NJ 07039</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP/SECRETARY/DIRECTOR<br/>1 CIT DRIVE<br/>LIVINGSTON, NJ 07039</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ASST. SECRETARY<br/>LINDA M. SEUFERT<br/>1 CIT DRIVE<br/>LIVINGSTON, NJ 07039</b> <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** **RENEWED** **8/13/03** **973 740 5796**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)