FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am[§] Secretary of State DOCUMENT # P28027 1. Entity Name CIT LENDING SERVICES CORPORATION 05-23-2001 91179 024 ***550 00 Principal Place of Business Mailing Address 2 GATEHALL DR 2 GATEHALL DR 10071661 PARSIPPANY NJ 07054 PARSIPPANY NJ 07054 2. Principal Place of Business 3. Mailing Address *0*50 CiT 50 50 Drive Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3014356 N ivino ivina Not Applicable Country Country, \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTI Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. CE₀ Delete TITLE Addition Hammill Timothu HUDSON, STEVEN K NAME 650 CIT Brive STREET ADDRESS STREET ADDRESS 181 BAY ST STE 3500 <u>Livingston</u> CITY-ST-ZIP CITY-ST-ZIP TORONTO ON M5J- 2T3 ☐ Delete TITLE Addition Bradley Nullmeyer MAME NULLMEYER, BRADLEY D NAME Drive STREET ADDRESS 2 GATEHALL DR STREET ADDRESS 650 CIT CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-7IP <u>-ivinaston</u> **EVCF** TITLE Delete TITLE Addition JAUERNIG, DANIEL A Eric Mandelbaum NAME NAME STREET ADDRESS 650 CIT Drive 181 BAY ST STE 3500 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TORONTO ON M5J- 2T3 <u>Livinaston</u> **EVCO** Change TITLE ☐ Delete TITLE Addition John Canning NAME CANNING, JOHN J NAME STREET ADDRESS 2 GATEHALL DR STREET ADDRESS 650 CIT Drive CITY-ST-7IP PARSIPPANY NJ 07054 CITY-ST-ZIP Livinaston <u>070</u>39 EVC0 TITLE Addition Delete 養症点 NAME MCKERROLL, DAVID D Glenn STREET ADDRESS 181 BAY ST STE 3500 STREET ADDRESS 50 Cit. Drive CITY-ST-ZIP CITY-ST-ZIP TORONTO ON M5J- 2T3 ivingston :: NJ TITLE ☐ Delete TITLE noitibbA 🔲 Ingato Robert NAME INGATO, ROBERT J 50 CIT STREET ADDRESS 2 GATEHALL DR STREET ADDRESS NO CITY-ST-ZIP CITY-ST-ZIP PARSIPPANY NJ 07054 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that minimizes 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 true size employment to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an address with a size employered.

61enn Vote

Date

D TYPED OR PRINTED NAME OF SIGNING OFFICER O I DIRECTOR

SIGNATURE:

CR2E034 (10/00)