


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 019 ***150.00

DOCUMENT # P28027
 1. Entity Name
CIT LENDING SERVICES CORPORATION



Principal Place of Business 1 CIT DRIVE LIVINGSTON, NJ 07039	Mailing Address 1 CIT DRIVE STE 1320-1 LIVINGSTON, NJ 07039
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3014356	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH 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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, THOMAS L 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MANDELBAUM, ERIC 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNING, JOHN J 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP INGATO, ROBERT J 1 CIT DRIVE LIVINGSTON, NJ 07039

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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 Seufert* **LINDA SEUFERT** 4/28/05 973.746.5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #