


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAY 23 PM 1:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



05042007 Chg-P CR2E034 (12/06)

4. FEI Number 22-3014356		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ABBATE, THOMAS L	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		
TITLE	AS SEUFERT, LINDA	<input type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		800103905269 08/05/07--01015--009 **4850.00
TITLE	SVP MANDELBAUM, ERIC	<input type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		
TITLE	P HUDAK, JAMES	<input type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		
TITLE	TD VOTEK, GLENN	<input type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		
TITLE	DEVP INGATO, ROBERT J	<input type="checkbox"/> Delete	
STREET ADDRESS	1 CIT DRIVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LIVINGSTON, NJ 07039		

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 Seufert* LINDA SEUFERT 5/4/07 9737405796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #