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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36472 (9)

1. Corporation Name

THE CIT GROUP/CAPITAL TRANSPORTATION, INC.



Principal Place of Business

C/O THE CIT GROUP, INC. // ATTN: TAX DEPT.  
650 CIT DRIVE  
LIVINGSTON NJ 07039

Mailing Address

C/O THE CIT GROUP, INC. // ATTN: TAX DEPT.  
650 CIT DRIVE  
LIVINGSTON NJ 07039

3. Date Incorporated or Qualified

11/27/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ZDANOW, N.  
STREET ADDRESS 1211 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY

TITLE VPSPD ☐ DELETE

NAME SHEER, L. R.  
STREET ADDRESS 1211 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME KNITTEL, C. J.  
STREET ADDRESS 1211 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME BARROWS, WILLIAM K  
STREET ADDRESS 650 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ

TITLE VP ☐ DELETE

NAME CHIN, ELMO  
STREET ADDRESS 1211 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001835145

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5-1-96  
pm

list Attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

William K. Barrows

4/29/96

740-5373

Date

Daytime Phone #

CR2E034 (12/95)