

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001878

Entity Name: CAPITA CORPORATION**Current Principal Place of Business:**1 CIT DRIVE
LIVINGSTON, NJ 07039**Current Mailing Address:**1 CIT DRIVE
#2108-A
LIVINGSTON, NJ 07039 US**FEI Number:** 22-3211453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	FRIIS, CLAUS
Address	1 CIT DRIVE
City-State-Zip:	LIVINGSTON NJ 07039

Title	DIRECTOR/SECRETARY
Name	MANDELBAUM, ERIC S.
Address	1 CIT DR
City-State-Zip:	LIVINGSTON NJ 07039

Title	EXECUTIVE VP & TREASURER
Name	MCAVOY, SARAH
Address	11 WEST 42ND STREET
City-State-Zip:	NEW YORK NY 10036

Title	VP & ASST. SECRETARY
Name	SEUFERT, LINDA M
Address	1CIT DR
City-State-Zip:	LIVINGSTON NJ 07039

Title	OFFICER
Name	NASSANEY, KATHLEEN
Address	1 CIT DRIVE MS# 2108-A
City-State-Zip:	LIVINGSTON NJ 07039

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN NASSANEY**DIRECTOR STATE AND
LOCAL TAX****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date