


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P24711 1. Entity Name THE CIT GROUP/SALES FINANCING, INC.		
Principal Place of Business 1 CIT DRIVE LIVINGSTON NJ 07039 US		Mailing Address 1 CIT DRIVE 1320-1 LIVINGSTON NJ 07039 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country

FILED
04 MAY -7 AM 11:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold;">100035752471</div> <div style="text-align: center;">05/07/04--01047--001 **\$3250.00</div> City FL Zip Code			
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARRINGTON, RON G			NAME			
STREET ADDRESS	1 CIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ 07039			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHUMM, WILLIAM			NAME			
STREET ADDRESS	1 CIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ 07039			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DISTASO, DAVID M			NAME			
STREET ADDRESS	1 CIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ 07039			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MANDELBAUM, ERIC			NAME			
STREET ADDRESS	1 CIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ 07039			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEUFERT, LINDA M			NAME			
STREET ADDRESS	1 CIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ 07039			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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, ASST. SECY.** 4/30/2004 (973) 740-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone *