


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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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

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FILED
07 MAY 23 PH 1:39
FLORIDA STATE
PALM BEACH, FLORIDA



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number: 13-6131491 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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: _____ (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CHESLER, RANDALL
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DEVP
NAME	SCHUMM, WILLIAM
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	T
NAME	DISTASO, DAVID M
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DS
NAME	MANDELBAUM, ERIC
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	AS
NAME	SEUFERT, LINDA M
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten initials

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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 M. Seufert* LINDA M. SEUFERT 5/4/07 973-740-5798

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