

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24711

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: THE CIT GROUP/SALES FINANCING, INC.

**Current Principal Place of Business:**

1 CIT DRIVE  
LIVINGSTON, NJ 07039 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 CIT DRIVE  
1320-1  
LIVINGSTON, NJ 07039 US

**New Mailing Address:**

1 CIT DRIVE  
2108-A  
LIVINGSTON, NJ 07039 US

FEI Number: 13-6131491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CHESLER, RANDALL  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: DEVP ( ) Delete  
Name: SCHUMM, WILLIAM  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: T ( ) Delete  
Name: DISTASO, DAVID M  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: DS ( ) Delete  
Name: MANDELBAUM, ERIC  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: AS ( ) Delete  
Name: SEUFERT, LINDA M  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA M. SEUFERT

AS/S

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date