

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24711** (4)

1. Corporation Name
THE CIT GROUP/SALES FINANCING, INC.



Principal Place of Business: **650 CIT DRIVE LIVINGSTON NJ 07039**
Mailing Address: **650 CIT DRIVE LIVINGSTON NJ 07039**

3. Date Incorporated or Qualified 06/13/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 13-6131491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JAMES J., JR.	1.2 NAME	
STREET ADDRESS	882 BURNT MILLS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUERBAND, RICHARD	2.2 NAME	
STREET ADDRESS	715 S. METROPOLITAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, ROBIN H	3.2 NAME	
STREET ADDRESS	305 KEATLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. LAUREL NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, JOSEPH M.	4.2 NAME	
STREET ADDRESS	978 ARAPAHO TRAIL	4.3 STREET ADDRESS	900001835119
CITY-ST-ZIP	FRANKLIN LAKES NJ	4.4 CITY-ST-ZIP	-05/22/96--01094--016
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENI, GAETANO N	5.2 NAME	***200.00
STREET ADDRESS	10 SANFORD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUDD LAKE NJ	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALKIRE, JOHN R	6.2 NAME	
STREET ADDRESS	7225 NW 118	6.3 STREET ADDRESS	list Attached
CITY-ST-ZIP	OKLAHOMA CITY OK	6.4 CITY-ST-ZIP	5/2/96

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: *Kathleen Harsanyi Attorney-In-Fact* 4/29/96 (201) 740-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)