

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P24711

FILED
Apr 25, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

650 CIT DRIVE
LIVINGSTON, NJ 07039

New Principal Place of Business:

Current Mailing Address:

650 CIT DRIVE
LIVINGSTON, NJ 07039

New Mailing Address:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALLMAN, TOM
Address: 650 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: VD () Delete
Name: SCHUMM, WILLIAM
Address: 650 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: SD () Delete
Name: SCHWAM, MARTIN
Address: 650 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: T () Delete
Name: REYNOLDS, KENNETH
Address: 650 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: VS () Delete
Name: MANDELBAUM, ERIC
Address: 650 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: VS () Delete
Name: BEROZA, ANNE
Address: 650 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT STEVENSON

VPAT

04/25/2002

Electronic Signature of Signing Officer or Director

_____ Date

SCOTT STEVENSON, VPAT
ONE TOWN CENTER ROAD
BOCA RATON, FL 33486