

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID No.		ne of the Corporation	ANOTIST WILL NES	OLI III A \$25.00 FER	ALITTEE.	
114814	1	CIT Bank				
114014						
3. Principal office address 2180 South 1300 East Suite 250			City Salt Lake City	State UT	Zip 84106	
4. Business Phone No. 801-947-7563			5. State of Incorporation Utah			
6. Brief description of the charac						
Consumer Lending Titl	e 7-1. 1	inancing s	ERVICES			
7. LIST ALL OFFICERS (NAME	S AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)			
President Name John T. Taylor			Vice-President Name Darren Berry			
Street Address 2180 South 1300 East Suite 250			Street Address 2180 South 1300 East Suite 250			
City Salt Lake City	State UT	Zip 84106	City Salt Lake City	State UT	Zip 84106	
Secretary Name Douglas Witte			Treasurer Name Byron Pollan			
Street Address 2180 South 1300 East Suite 250			Street Address 2180 South 1300 East Suite 250			
City Salt Lake City	State UT	^{Zip} 84106	City Salt Lake City	State UT	Zip 84106	
8. LIST <u>ALL</u> DIRECTORS (NAI	IES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT) 🗸			
Director Name Robert D. Allen			Director Name Ted L. Hill			
Street Address 2180 South 1300 East Suite 250			Street Address 2180 South 1300 East Suite 250			
City Salt Lake City	State UT	Zip 84106	City Salt Lake City	State UT	Zip 84106	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zìp	City	State	Zip	
9. SHARES AUTHORIZED			10 CHARE ISSUE	Y"Y" BOY FOR ATTAC	UNEATA T	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES PAR VALUE		
			500,000	CWP	\$10.00	
This report must be executed o					ds of a receiver or trustee,	
Ello Dato		st be executed on behalf of	Under penalty of p	erjury, I declare and aff	irm that I have examined schedules and statements	
File Date				ents contained herein a	are true and correct.	
_	-	ten a .		· · · · · · · · · · · · · · · · · · ·	(1) 20/20/E	
By:FOR SECRETARY OF STATE	USE ONLY	FILE	Dignature of Author	ized Representative	Date L	
Form No. 630		MAR 1 6 2	012 Print or Type Name	of Authorized Represen	tative	
Revised: 01/2012		By / (1)	489			
		,	<u> </u>			

CIT BANK Federal ID Number: VT Account #: 10140508

IO# 114814

BOARD OF DIRECTORS

NAME	ADDRESS
Seidelman, James E.	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Allen, Robert D.	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Hill, Ted L	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Oates, R. Brad	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Quinlan, Raymond J	11 West 42 nd Street, New York, NY 10036
Seidelman, James E.	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Chesler, Randall M.	1 CIT Drive, Livingston, NJ 07039

OFFICERS

NAME	TITLE	ADDRESS
Taylor, John T	President & Chief Executive Officer	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Berry, Darren	Senior Vice President & Chief Financial Officer	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Pollan, Byron	Director & Treasurer	2180 South 1300 East, Suite 250, Salt Lake City, UT 84106
Witte, Douglas	Secretary	1 CIT Drive, Livingston, NJ 07039