



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 105878		2. Exact name of the limited liability company CIT Funding Company, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIP LEASING			
5. Principal office address 1 CIT DRIVE, #2108-A		City LIVINGSTON	State NJ	Zip 07039	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEISHA PHILLIP-HINES			Contact Title TAX ASSOCIATE		
Street Address 1 CIT DRIVE, #2108-A		City LIVINGSTON	State NJ	Zip 07039	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ROBERT J. INGATO			Manager Name GLENN A. VOTEK		
Street Address 1 CIT DRIVE		Street Address 1 CIT DRIVE			
City LIVINGSTON	State NJ	Zip 07039	City LIVINGSTON	State NJ	Zip 07039
Manager Name ERIC S. MANDELBAUM			Manager Name LINDA M. SEUFERT		
Street Address 1 CIT DRIVE		Street Address 1 CIT DRIVE			
City LIVINGSTON	State NJ	Zip 07039	City LIVINGSTON	State NJ	Zip 07039
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEMS			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).


105878

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.


Signature of Authorized Person Date 6/3/08

LINDA M. SEUFERT

Print or Type Name of Authorized Person

File Date	6-20-08
Check No.	756767
By	
FOR SECRETARY OF STATE USE ONLY	