



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. 000080641		2. Exact name of the Corporation CIT Loan Corporation		
3. Principal office address 1 CIT Drive		City Livingston	State NJ	Zip 07039
4. Business Phone No. (973) 740-5000		5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island Taking Assignment of Loans by Other Lenders				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name W. Taylor Kamp		Vice-President Name Robert J. Ingato		
Street Address 1 CIT Drive		Street Address 1 CIT Drive		
City Livingston	State NJ	Zip 07039	City Livingston	Zip 07039
Secretary Name Eric S. Mandelbaum		Treasurer Name Glenn A. Votek		
Street Address 1 CIT Drive		Street Address 1 CIT Drive		
City Livingston	State NJ	Zip 07039	City Livingston	Zip 07039
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name Eric S. Mandelbaum		Director Name Glenn A. Votek		
Street Address 1 CIT Drive		Street Address 1 CIT Drive		
City Livingston	State NJ	Zip 07039	City Livingston	Zip 07039
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		100	CNP	\$0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 16 2012

By Linda M. Seufert

DS

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.

Linda M. Seufert
 Signature of Authorized Representative

2/27/12
 Date

Linda M. Seufert
 Print or Type Name of Authorized Representative

CIT Loan Corporation
Federal ID Number:

ID# 80641

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>
Glenn A. Votek	1 CIT Drive, Livingston, NJ 07039
Eric S. Mandelbaum	1 CIT Drive, Livingston, NJ 07039

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
W. Taylor Kamp	President	1 CIT Drive Livingston, NJ 07039
Robert J. Ingato	Executive Vice President & Assistant Secretary	1 CIT Drive Livingston, NJ 07039
Kathy Nassaney	Director (officer)	1 CIT Drive Livingston, NJ 07039
Eric S. Mandelbaum	Senior Vice President & Secretary	1 CIT Drive Livingston, NJ 07039
Glenn A. Votek	Treasurer	1 CIT Drive Livingston, NJ 07039
Linda M. Seufert	Assistant Secretary	1 CIT Drive Livingston, NJ 07039