



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. 000072357		2. Exact name of the Corporation Capita 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 Finance and Leasing Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Ron G. Arrington			Vice-President Name Robert J. Ingato		
Street Address 1 CIT Drive			Street Address 1 CIT Drive		
City Livingston	State NJ	Zip 07039	City Livingston	State NJ	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	State NJ	Zip 07039
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
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	State NJ	Zip 07039
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1,000	CWP	\$0.01

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 **MAR 16 2012**

Check No. **By 166489**

By: **DS**

FOR SECRETARY OF STATE USE ONLY

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 Representative

Linda M. Seufert

Print or Type Name of Authorized Representative

2/27/12
Date

CAPITA CORPORATION
Federal ID Number:

FD # 72357

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>
Ron G. Arrington	President	1 CIT Drive Livingston, NJ 07039
Robert J. Ingato	Executive Vice President & Assistant Secretary	1 CIT Drive Livingston, NJ 07039
Glenn A. Votek	Executive Vice President & Treasurer	1 CIT Drive Livingston, NJ 07039
Kathleen Nassaney	Vice President – Tax	1 CIT Drive Livingston, NJ 07039
Eric S. Mandelbaum	Senior Vice President & Secretary	1 CIT Drive Livingston, NJ 07039
Linda M. Seufert	Assistant Secretary	1 CIT Drive Livingston, NJ 07039