

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816614

**FILED**  
**Mar 08, 2004**  
**Secretary of State**

**Entity Name:** PAUL N. HOWARD COMPANY

**Current Principal Place of Business:**

C/O ITT CORPORATION  
4 WEST RED OAK LANE  
WHITE PLAINS, NY 10604 US

**New Principal Place of Business:**

C/O ITT INDUSTRIES, INC.  
4 WEST RED OAK LANE  
WHITE PLAINS, NY 10604 US

**Current Mailing Address:**

C/O ITT CORPORATION  
4 WEST RED OAK LANE  
WHITE PLAINS, NY 10604 US

**New Mailing Address:**

C/O ITT INDUSTRIES, INC.  
4 WEST RED OAK LANE  
WHITE PLAINS, NY 10604 US

**FEI Number:** 56-0811231      **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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WURST, CHARLES M  
Address: 4 WEST RED OAK LANE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: VPT ( ) Delete  
Name: KANSKY, WILLIAM T  
Address: 4 WEST RED OAK LANE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: S ( ) Delete  
Name: STOLAR, KATHLEEN  
Address: 4 WEST RED OAK LANE  
City-St-Zip: WHITE PLAINS, NY 10604

**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:

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: WILLIAM T. KANSKY

VPT

03/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date