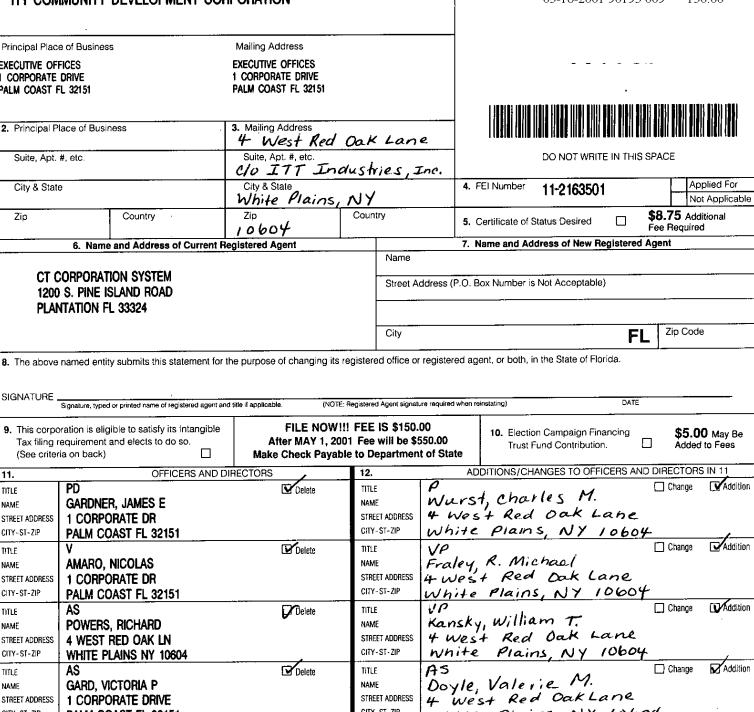
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 822350** 1. Entity Name ITT COMMUNITY DEVELOPMENT CORPORATION Mailing Address Principal Place of Business EXECUTIVE OFFICES **EXECUTIVE OFFICES** 1 CORPORATE DRIVE 1 CORPORATE DRIVE PALM COAST FL 32151 PALM COAST FL 32151 2. Principal Place of Business 3. Mailing Address 4 West Red Oak Lane Suite, Apt. #, etc. Suite, Apt. #, etc. Clo ITT Industries, Inc. City & State City & State White Plains, NY Zip Country 10604 6. Name and Address of Current Registered Agent

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90195 009 ***150.00



PALM COAST FL 32151 13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

TITLE

NAME

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SIGNATURE:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD **PLANTATION FL 33324**

9. This corporation is eligible to satisfy its intangible

GARDNER, JAMES E

PALM COAST FL 32151

PALM COAST FL 32151

1 CORPORATE DR

AMARO, NICOLAS

1 CORPORATE DR

POWERS, RICHARD

GARD, VICTORIA P

CALLA, CHARLES J

1 CORPORATE DR

CUFF, ROBERT G

1 CORPORATE DR

1 CORPORATE DRIVE

PALM COAST FL 32151

PALM COAST FL 32151

4 WEST RED OAK LN

WHITE PLAINS NY 10604

Tax filing requirement and elects to do so.

(See criteria on back)

PD

AS

AS

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IF

CITY-ST-ZIP

White Plains, NY 10604

Stolar, Kathleen S. 4 west Red Oak Lane

White Plains, NY 10604

Addition

☐ Addition

3R2E034 (10/00)