

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822350

1. Entity Name
ITT COMMUNITY DEVELOPMENT CORPORATION

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

05-16-2001 90195 009 ***150.00

Principal Place of Business
EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST FL 32151

Mailing Address
EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST FL 32151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
4 West Red Oak Lane
Suite, Apt. #, etc.
c/o ITT Industries, Inc.
City & State
White Plains, NY
Zip Country
10604

4. FEI Number 11-2163501
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, JAMES E		NAME	Wurst, Charles M.	
STREET ADDRESS	1 CORPORATE DR		STREET ADDRESS	4 West Red Oak Lane	
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMARO, NICOLAS		NAME	Frale, R. Michael	
STREET ADDRESS	1 CORPORATE DR		STREET ADDRESS	4 West Red Oak Lane	
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, RICHARD		NAME	Kansky, William T.	
STREET ADDRESS	4 WEST RED OAK LN		STREET ADDRESS	4 West Red Oak Lane	
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARD, VICTORIA P		NAME	Doyle, Valerie M.	
STREET ADDRESS	1 CORPORATE DRIVE		STREET ADDRESS	4 West Red Oak Lane	
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLA, CHARLES J		NAME	Stolar, Kathleen S.	
STREET ADDRESS	1 CORPORATE DR		STREET ADDRESS	4 West Red Oak Lane	
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, ROBERT G		NAME		
STREET ADDRESS	1 CORPORATE DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP		

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.

SIGNATURE: _____ VP 4/27/01 914-641-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)