

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90319 032 ***150.00

0518664 AI

DOCUMENT # 822350
 1. Entity Name
ITT COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
EXECUTIVE OFFICES **4 WEST RED OAK LANE**
1 CORPORATE DRIVE **WHITE PLAINS NY 10604**
PALM COAST FL 32151

80099969



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11-2163501 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WUSRT, CHARLES M | | NAME | | |
| STREET ADDRESS | 4 WEST RED OAK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRALEY, R. MICHAEL | | NAME | | |
| STREET ADDRESS | 4 WEST RED OAK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANSKY, WILLIAM T | | NAME | | |
| STREET ADDRESS | 4 WEST RED OAK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOYLE, VALERIE M | | NAME | | |
| STREET ADDRESS | 4 WEST RED OAK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOLAR, KATHLEEN S | | NAME | | |
| STREET ADDRESS | 4 WEST RED OAK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | CITY-ST-ZIP | | |
| 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: SIGNATURE REQUIRED *Valerie M. Doyle* 4/23/02 914-641-2122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)