2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# F06000003075

Entity Name: FLYGT US INC.

Current Principal Place of Business:

35 NUTMEG DR.
TRUMBULL, CT 06611

New Principal Place of Business:

Current Mailing Address:

C/O ITT CORPORATION
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604 36

New Mailing Address:

FEI Number: 22-2334939 **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 DR.
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: CP ( ) Delete
Name: HAHN, TOBIAS
Address: 35 NUTMEG DR.
City-St-Zip: TRUMBULL, CT 06611

Title: VCVP ( ) Delete
Name: SANDSTEDT, JONNY
Address: 35 NUTMEG DR.
City-St-Zip: TRUMBULL, CT 06611

Title: D ( ) Delete
Name: BAKHOS, MICHAEL
Address: 35 NUTMEG DR.
City-St-Zip: TRUMBULL, CT 06611

Title: S ( ) Delete
Name: BARANSKY, RONALD
Address: 35 NUTMEG DR.
City-St-Zip: TRUMBULL, CT 06611

Title: AT ( ) Delete
Name: DOYLE, VALERIE M.
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAHN, TOBIAS
Address: 35 NUTMEG DR.
City-St-Zip: TRUMBULL, CT 06611

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ASAT (X) Change ( ) Addition
Name: DOYLE, VALERIE M.
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VALERIE M. DOYLE ASAT 04/17/2008

Electronic Signature of Signing Officer or Director — Date