

1/7/2021

Division of Corporations

F210000077053

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
ITT ENIDINE INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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JAN -8 2021

M. SOLOMON

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### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ITT Enidine Inc.

1. \_\_\_\_\_  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 16-1477219  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/13/1995 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7 Centre Drive, Orchard Park, NY 14127  
(Principal office address)  
1133 Westchester Avenue, White Plains, NY 10604  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

9. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System  
By: Stephen Rullis Stephen Rullis, VP & Asst. Secy.  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE LIST OF DIRECTORS ATTACHED.

Chairman \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President. John Ryan \_\_\_\_\_

Address: 1133 Westchester Avenue, White Plains, NY 10604 \_\_\_\_\_

Vice President: Michael J. Savinelli \_\_\_\_\_

Address: 1133 Westchester Avenue, White Plains, NY 10604 \_\_\_\_\_

Secretary: Derek McKinney \_\_\_\_\_

Address: 1133 Westchester Avenue, White Plains, NY 10604 \_\_\_\_\_

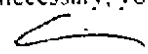
Treasurer: Michael J. Savinelli \_\_\_\_\_

Address: 1133 Westchester Avenue, White Plains, NY 10604 \_\_\_\_\_

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DEPARTMENT OF STATE  
CLERK OF STATE

FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
Department of State  
Division of Corporations and State Services  
119 West Street, New York, NY 10038

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Derek McKinney Secretary \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

**ITT ENIDINE INC. - Directors**

John Ryan, 1133 Westchester Avenue, White Plains, NY 10604

Michael J. Savinelli, 1133 Westchester Avenue, White Plains, NY 10604

Derek McKinney, 1133 Westchester Avenue, White Plains, NY 10604

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SECRETARY OF STATE  
MASSACHUSETTS

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITT ENIDINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2470973 8300

SR# 20210040674

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202229305

Date: 01-06-21