2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 833089

Entity Name: ITT AUTOWIZE DISTRIBUTION CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O ITT CORPORATION
1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604 36

Current Mailing Address:

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

New Mailing Address:

C/O ITT CORPORATION
1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604 36

FEI Number: 22-2028066 **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 ROAD
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: AT ( ) Delete
Name: TZORTZATOS, MARIA
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604 36

Title: AT ( ) Delete
Name: DOYLE, VALERIE M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604 36

Title: D ( ) Delete
Name: BROWER, DENISE D
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT (X) Change ( ) Addition
Name: TZORTZATOS, MARIA
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604 36

Title: AT (X) Change ( ) Addition
Name: DOYLE, VALERIE M
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604 36

Title: D (X) Change ( ) Addition
Name: BROWER, DENISE D
Address: 1133 WESTCHESTER AVENUE
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: MARIA TZORTZATOS AT 04/22/2009

Electronic Signature of Signing Officer or Director Date