

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822350

Entity Name: ITT COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**100 WASHINGTON BLVD
6TH FLOOR
STAMFORD, CT 06902**Current Mailing Address:**100 WASHINGTON BLVD
6TH FLOOR
STAMFORD, CT 06902 US**FEI Number:** 11-2163501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR
Name GUSTAFSSON, MARY BETH
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title GENERAL COUNSEL & SECRETARY
Name GUSTAFSSON, MARY BETH
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name MCKINNEY, CARL (DEREK)
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name SAVINELLI, MICHAEL J.
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title VP
Name MCKINNEY, CARL (DEREK)
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title VP, ASST. TREASURER
Name SAVINELLI, MICHAEL J.
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name ORMSBY, TIM
Address 100 WASHINGTON BLVD
6TH FLOOR
City-State-Zip: STAMFORD CT 06902

I hereby 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 all other like empowered.

SIGNATURE: MARY BETH GUSTAFSSON**TREASURER****02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date