

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003186

Entity Name: INDIANA ITT INC.**Current Principal Place of Business:**100 WASHINGTON BLVD
STAMFORD, CT 06902**Current Mailing Address:**100 WASHINGTON BLVD
STAMFORD, CT 06902 US**FEI Number:** 81-1197930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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, PRESIDENT
Name SAVI, LUCA
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name ASHFORD, ORLANDO
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name DEFOSSET, JR., DONALD
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name LAVIN, RICHARD
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name MCDONALD, REBECCA A.
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name POWERS, TIMOTHY H.
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name DARNIS, GERAUD
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name FANANDAKIS, NICHOLAS C.
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

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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: KRISTEN PROHL**CORPORATE
SECRETARY****03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHAVERS, CHERYL L.
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title SECRETARY
Name PROHL, KRISTEN
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title VP
Name GRAZIANO, CHERYL
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name SOUSSAN, SABRINA
Address 100 WASHINGTON BLVD
City-State-Zip: STAMFORD CT 06902

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