2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 822350

Entity Name: ITT COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST, FL 32151

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 11-2163501 **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: DP ( ) Delete
Name: WUSRT, CHARLES M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: VP ( ) Delete
Name: HALE, DAVID
Address: 2 CORPORATE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete
Name: KANSKY, WILLIAM T
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

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

Title: DS ( ) Delete
Name: STOLAR, KATHLEEN S
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: AS ( ) Delete
Name: RIO, DIANNA
Address: 2 CORPORATE DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 DOYLE AS 04/16/2008

Electronic Signature of Signing Officer or Director Date