## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 828092** 

HOWARD CORPORATION

CITY-ST-ZiP

SIGNATURE:

appears in Block 12 or Block 13 it

Principal Place of Business Mailing Address C/O ITT CORPORATION C/O ITT CORPORATION 1330 AVENUE OF THE AMERICAS NEW YORK NY 10019-5400 1330 AVENUE OF THE AMERICAS NEW YORK NY 10019 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1972 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 56-0901400 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country  $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 61 Name 1200 SOUTH PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent ham tamiliar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signation: typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PCEO DELETE Change 1.1 TITLE THE SHEEHY, ROBERT F TRAVIS ENGEN 1.2 NAME NAME 4 WEST RED DAK LANE WHITE PLAINS, N.Y. 10604 1330 AVE OF THE AMERICAS STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** 1.4 CITY - ST- ZIP Colles ST. 7/P VAT DELETE ☐ Change Addition TITLE 2.1 TITLE REDDY, JOHN W NAME 2.2 NAME RICHARDPOWERS 1330 AVE OF THE AMERICAS STREET ADDRESS 2.3 STREET ADDRESS WEST RED DAK L CHITE PLAINS **NEW YORK NY** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE VPT 3.1 TITLE TITLE REESE, ANN BERTS. POSNER NAM: 3.2 NAME HWEST RED DAK LANE 1330 AVE OF THE AMERICAS 3.3 STREET ADDRESS STREET ADDRESS WHITE PLAINS, N.Y. 10604 NEW YORK NY 3.4. CITY-ST-2IP C(1Y+S) ZIP DELETE Addition Chance 3111.5 4.1 TITLE ALPER, MERLIN L NAME 4. 2 NAME 1330 AVE OF THE AMERICAS 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY - ST - ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition Id:E 5.1 TITLE WHITSON, JAMES P. 5.2 NAME NAME 1330 AVENUE OF THE AMERICAS. STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY** 5.4 CITY-ST-ZIP CITY-ST-ZiP DELETE Addition 6 1 TITLE Change TIL 800002189598 -05/23/97--01049--007 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS \*\*\*165.00

64 City-ST-ZiP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DECUIRED Asst. Secretary