PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 828092

1. Corporation Name

HOWARD CORPORATION

Principal Place of Busine	ess
C/O ITT CORPORATION	

1330 AVENUE OF THE AMERICAS NEW YORK NY 10019

Mailing Address

C/O ITT CORPORATION 1330 AVENUE OF THE AMERICAS NEW YORK NY 10019

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90163 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/07/1972

CLO IT INDUSTRIES, INC 26 CONTY Suite, Apt. #, etc. Suite, Apt. #, etc.										
Suite, Apt. #. ofc. 27	2. Principal Place of Business 2a. Mailing Address			\ \(\) < \	مدد المد		<u> </u>			
City & State Country 28 WHITE PLAINS NY 10604 State Country 28 WHITE PLAINS NY 10604 DELETE 11 TILE Country State					56-0901400					
Addition				5. Certificate of Status Desired						
Zip Country Zij Country Zij Country Street Address of Country Street Address of Country Street Address of Country Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Accep	City & State City & State			N.Y.	1 1	1	,			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida. Such change agent			Zip C	Country		8. This corporation owes the current	year Intangible			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 58 Street Address (P.O. Box Number is Not Acceptable) 59 Street Address (P.O. Box Number is Not Acceptable) 50 Street Address (P.O. Box Number is Not Acceptable) 50 Street Address (P.O. Box Number is Not Acceptable) 51. 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 agent. at minima with, and eacept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and stored provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent agent agent agent agent agent		25	29 10604 30			1		□No		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, 1996 opinion of printed spin and use 4 registerials. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CEO DELETE 1.1TITLE CEO CHANGE 1.3 STREET ADDRESS 4 WEST RED OAK LANE WHITE PLAINS NY 10804 1.4 CITY-ST-2P WHITE PLAINS NY 10804 1.4 CITY-ST-2P WHITE PLAINS NY 10804 1.5 STREET ADDRESS STREET A		9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent			
12.00 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 13.				81	Name					
PLANTATION FL 33324 Bay				92 Street Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607.0562 and 607.1568. Roids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and tamblar with, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CEO DELETE 13. TITLE CEO CROSS, TRAVIS 12. NAME 12. NAME POSE, TRADIS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CEO DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE AS DELETE 21. TITLE AS DELETE 21. TITLE AS DELETE 21. TITLE AS DELETE 21. TITLE AS NAME POSNER, RICHARD 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE 33. STREET ADDRESS CITY-ST-ZP TITLE AS NAME AS POSNER, BERT 32. NAME 32. NAME 33. STREET ADDRESS CITY-ST-ZP TITLE AS NAME 4 WEST RED OAK LANE WHITE PLAINS NY 10604 4 WEST RED OAK LANE 4. STREET ADDRESS CITY-ST-ZP TITLE DELETE 51. TITLE	1200	1200 SOUTH PINE ISLAND ROAD				Street Address (F.O. add Nothber is Not Acceptable)				
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 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	Plan	NTATION FL 33324		83						
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 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				-	011		DE Zin C	odo.		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change of Plorida agent and stored applicable. 12				84	City		FL S 2	,000		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change of Plorida agent and stored applicable. 12	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above	e-named corpor	ration submits this statement for the pur	pose of changing its	registered		
Signalure, bysed or printed name of registered agent and 160 if applicable. (NOTE Registered Agent signalure twuled when revealating)	office or s	egistered agent, or both, in the State of	f Florida. Such change was authori	zed by	the corporation	n's board of directors. I hereby accept the	ie appointment as re	gistered		
Signature, Speed or printed rampe of registred agent and side of application. (NOTE: Registred Agent anglature required when intendisting)		m jamiliai with, and accept the congati	5/13 6/, 000/10/10/10/10/10/10/10/10/10/10/10/10/	,,,,,,,,,,,	•					
TITLE CEO CEO DELETE 1.1 TITLE CEO CEO DELETE 1.1 TITLE CEO CEO CEO CEO CEO CEO CEO CEO CEO CE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	ered Agen	t signature required v	when reinstating)	DATE			
STREET ADDRESS CITY-ST-ZIP	12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12		
STREET ADDRESS 4 WEST RED OAK LANE 13 STREET ADDRESS CITY-ST-ZP WHITE PLAINS NY 10604 14 CITY-ST-ZP	TITLE	CEO	☐ DELETE 1.	.1 TITLE			Change	☐ Addition		
STREET ADDRESS 4 WEST RED OAK LANE 13 STREET ADDRESS CITY-ST-ZP WHITE PLAINS NY 10604 14 CITY-ST-ZP	NAME	ENGEN, TRAVIS	1.	.2 NAME						
TITLE AS POWERS, RICHARD	STREET ADDRESS		1	.3 STREET	T ADDRESS					
TITLE AS POWERS, RICHARD	CITY-ST-ZIP	WHITE PLAINS NY 10604	1.	4 CITY-S	T-ZIP					
NAME POWERS, RICHARD 22 NAME STREET ADDRESS 4 WEST RED OAK LANE 23 STREET ADDRESS CITY-ST-ZIP Change Addition NAME POSNER, BERT 32 NAME STREET ADDRESS WHITE PLAINS NY 10604 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4 STREET ADDRESS 4.2 NAME STREET ADDRESS 4.2 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 5.4 CITY-ST-ZIP TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHANGE 6.3 STREET ADDRESS			DELETE 2	.1 TITLE			☐ Change	☐ Addition		
STREET ADDRESS WHITE PLAINS NY 10604 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	NAME	T T =	2	.2 NAME						
TITLE AS ★ DELETE 3.1 TITLE Change Addition NAME POSNER, BERT 3.2 NAME 3.3 STREET ADDRESS	STREET ADDRESS	A METAT DED CARLEANE		3 STREE	ADDRESS					
TITLE AS ★ DELETE 3.1 TITLE Change Addition NAME POSNER, BERT 3.2 NAME 3.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		4 CITY-S	ST-ZIP					
STREET ADDRESS		AS DELETE 3.1 TIT		.1 TITLE			☐ Change	☐ Addition		
STREET ADDRESS	NAME	POSNER, BERT	3	2 NAME						
CITY-ST-ZIP WHITE PLAINS NY 10604 3.4. CITY-ST-ZIP			3	3 STREE	T ADDRESS					
TITLE DELETE 4,1 TITLE Change Addition NAME 4.2 NAME CTY-ST-ZIP 4.4 CITY-ST-ZIP CTY-ST-ZIP Change Addition NAME 5.1 TITLE Change Addition NAME 5.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CTY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME GS NAME GS NAME GS NAME STREET ADDRESS GS STREET ADDRESS GS STREET ADDRESS GS STREET ADDRESS GS NAME			3	.4. CITY-S	ST-ZIP					
A 3 STREET ADDRESS A 44 CITY- ST-ZIP A44 CITY- ST-ZIP Change Addition Additi			☐ DELETE 4	.1 TITLE			☐ Change	☐ Addition		
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition	NAME		4	2 NAME						
A4 CITY-ST-ZIP			4	3 STREE	T ADDRESS					
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS			4	4 CITY-S	T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE C2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP							☐ Change	Addition		
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	NAME		5	2 NAME						
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE G.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS		5	.3 STREE	T ADDRESS					
TITLE G.1 TITLE G.4 Addition NAME STREET ADDRESS 6.1 TITLE G.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CREACE ST. 719			5	4 CITY-S	T- ZIP					
NAME 52 NAME 53 STREET ADDRESS 54 CREAT ST. 710			☐ DELETE 6	1 TITLE			☐ Change	☐ Addition		
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CMC ST. 719	'		6	2 NAME						
64 CTTV CT 71D			6	3 STREE	TADDRESS					
			6	4 CITY-S	T-ZIP					

14. 1 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 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 in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

EASSIGSEC NAME OF SIGNING OFFICER OR DIRECTOR