FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833089 (6)

1. Corporation Name

ITT AUTOWIZE DISTRIBUTION CENTERS, INC.

Principal Place of Business	Mailing Address
1330 AVE OF THE AMERICAS NEW YORK NY 10019	1330 AVE OF THE AMERICAS NEW YORK NY 10019

3. Date Incorporated or Qualified: 09/25/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-2028066 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4 West Red Oak Lane	26 4 West Red Oak Lane
Suite, Apt. #, etc. 22 c/o ITT INDUSTRIES, INC.	Suite, Apt. #, etc. 27 c/o ITT INDUSTRIES, INC.
City & State 23 White Plains, N.Y.	City & State 28 White Plains, N.Y.
Zip 24 10604 — Country 25 Westchester	Zip 29 10604 — Country 30 Westchester

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☑ DELETE	1.1 TITLE	AS	☑ Change ☐ Addition
NAME	BEICKE, ROBERT W.		1.2 NAME	RICHARD W. POWERS	
STREET ADDRESS	1330 AVE OF THE AMERICAS		1.3 STREET ADDRESS	4 WEST RED OAK LANE	
CITY-ST-ZIP	NEW YORK, NY.		1.4 CITY-ST-ZIP	WHITE PLAINS, N.Y. 10604	
TITLE	VPD	☑ DELETE	2.1 TITLE	P/D	☐ Change ☑ Addition
NAME	CARR, GWENN L.		2.2 NAME	THOMAS C. CERNOSIA	
STREET ADDRESS	1330 AVE OF THE AMERICAS		2.3 STREET ADDRESS	3000 UNIVERSITY DRIVE	
CITY-ST-ZIP	NEW YORK, NY.		2.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326	
TITLE	VS	☑ DELETE	3.1 TITLE	VP/S/D	☐ Change ☑ Addition
NAME	O'SHEA, PETER J., JR.		3.2 NAME	RICHARD D. SWANSON	
STREET ADDRESS	1330 AVE OF THE AMERICAS		3.3 STREET ADDRESS	3000 UNIVERSITY DRIVE	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	WHITE PLAINS, N.Y. 10604	
TITLE	AS	☐ DELETE	4.1 TITLE	VP/T/D	☐ Change ☑ Addition
NAME	POWERS, RICHARD W.		4.2 NAME	ROBERT P. SEITTER	
STREET ADDRESS	1330 AVE OF THE AMERICAS		4.3 STREET ADDRESS	3000 UNIVERSITY DRIVE	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326	
TITLE		☐ DELETE	5.1 TITLE	VP/AS	☐ Change ☑ Addition
NAME			5.2 NAME	DANIEL J. KELLY	
STREET ADDRESS			5.3 STREET ADDRESS	3000 UNIVERSITY DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326	
TITLE		☐ DELETE	6.1 TITLE	300001847023	☐ Change ☐ Addition
NAME			6.2 NAME	-06/03/96--01016--030	
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: R W Powers — Asst. Secretary — 1/96 — (914) 641-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. W. POWERS

5/1/96