FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838005** **(7)**

1. Corporation Name
ITT AUTOWIZE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1977**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **22-2028065** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVG	11 TITLE	☐ Change ☐ Addition
NAME	O'SHEA JR., PETER J. O.	12 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	BEICKE, ROBERT W.	22 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VPS	31 TITLE	☐ Change ☐ Addition
NAME	CARR, GWENN L.	32 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	POWERS, RICHARD W.	42 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	WHITSON, JAMES P.	52 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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, or on an attachment with an address.

SIGNATURE: _____ APRIL 21, 1995 (212) 258-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

RICHARD W. POWERS, ASSISTANT SECRETARY

0001026 CP