

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

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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 838005

(7)

1. Corporation Name
ITT AUTOWIZE, INC.

Principal Place of Business
4 WEST RED OAK LANE
C/O ITT INDUSTRIES
WHITE PLAINS NY 10604

Mailing Address
4 WEST RED OAK LANE
C/O ITT INDUSTRIES
WHITE PLAINS NY 10604-3603



3. Date Incorporated or Qualified 03/10/1977
3a. Date of Last Report 06/22/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2028065		Applied For	
21		26				Not Applicable	
Suite Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERNOSIA, THOMAS G.	1.2 NAME	
STREET ADDRESS	3000 UNIVERSITY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI 48326	1.4 CITY-ST-ZIP	
TITLE	VPTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE, RICHARD A.	2.2 NAME	
STREET ADDRESS	3000 UNIVERSITY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI 48326	2.4 CITY-ST-ZIP	
TITLE	ASTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CARTY, KEVIN J.A.	3.2 NAME	
STREET ADDRESS	3000 UNIVERSITY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI 48326	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, BERT S.	4.2 NAME	
STREET ADDRESS	4 WEST RED OAK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10604	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 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: *B.S. Posner* REQUIRED Asst Secretary 4/24/97 914-641-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR B.S. Posner (ITT INDUSTRIES, INC. - COMMONS PARTN) 0008606

CR2E034 (9/96)