

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838005

1. Entity Name
ITT AUTOWIZE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90052 015 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-2028065		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVG	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEIKE, ROBERT W			NAME			
STREET ADDRESS	4 WEST RED OAK LANE			STREET ADDRESS			
CITY-ST-ZIP	WHITE PALINS NY 10604			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, GUENN L			NAME	Donald E. Foley		
STREET ADDRESS	4 WEST RED OAK LANE			STREET ADDRESS	4 West Red Oak Lane		
CITY-ST-ZIP	WHITE PLAINS NY 10604			CITY-ST-ZIP	White Plains, NY 10604		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWERS, RICHARD W			NAME			
STREET ADDRESS	4 WEST RED OAK LANE			STREET ADDRESS			
CITY-ST-ZIP	WHITE PLAINS NY 10604			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSNER, BERT S.			NAME	D. Travis Engen		
STREET ADDRESS	4 WEST RED OAK LANE			STREET ADDRESS	4 West Red Oak Lane		
CITY-ST-ZIP	WHITE PLAINS NY 10604			CITY-ST-ZIP	White Plains, NY 10604		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KARIL NOWAK* **ITT Industries, Inc.-Common Parent** **Assistant Secy** **9/25/2000** **(914) 641-2133**

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

CR2E034 (9/99)