Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001865683)))



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To:

Division of Corporations

Fax Number : (850) 517-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION ITT Inc.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Section Division of Corporations	
SHBJ	JECT: ITT Inc.	·
0020	Name of corporation - must in	clude suffix
Dear S	Sir or Madam:	
"Certi	nclosed "Application by Foreign Corporation for Authorization of Existence," or "Certificate of Good Standing" and referenced foreign corporation to transact business in Flor	d check are submitted to register the
Please	return all correspondence concerning this matter to the fo	Howing:
ALisa	Wisse	
	Name of Person	
IIT In	nc.	
	Firm/Company	
1133 V	Westchester Avenue	
	Address	
White	Plains, NY 10604	
	City/State and Zip co	de
alisa.w	wisse@itt.com	1
	E-mail address: (to be used for future	annual report notification)
For fu	orther information concerning this matter, please call:	—· , , , ,
ALisa	Wisse 914 641-2	022 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number:
•	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314
Bnclo	sed is a check for the following amount:	
□ \$7		Filing Fee & S87.50 Filing Fee, ed Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA.

11 t inc.		
(Enter name of co	orporation; must include "TNCORPORATED orp," "Inc," "Co," or "Corp.")	у, "СОМРАНУ," "СОКРОВАТІОН,"
Indiana ITT Inc		
(If name unavails	able in Florida, entor alternate corporate nam	ic adopted for the purpose of transacting business in Florida)
2. Indiana		81-1197930
	y under the law of which it is incorporated)	(FEI number, if applicable)
January 1, 2016		Perpetual
	of incorporation)	(Date of duration, if other than perpetual)
6. Upon filing		
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
7	Avenue, White Plains, NY 10604	cipal office address)
1133 Westcheste	r Avenue, White Plains, NY 10604	
	(Current mai	ling address, if different)
	and the state of the second of	N.:
8. Name and stree	t address of Plorida registered agent: (F	.O. Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation,	Florida 33324
	(City)	(Zip code)
designated in this	ned as registered agent and to accept sen application, I hereby accept the appoin omply with the provisions of all statute. Camiliar with and accept the obligations CT Corporation	Leslie Martin Assistant Secretary
	(Régistere	ed agent's signature)
	the contract of the contract o	ad ant more than 90 days prior to delivery of this application to

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.5

11. Names and business addresses of officers	and/or directors:
A. DIRECTORS	
Chairman: PLEASE SEE ATTACHED LIST	
Address:	
Vice Chairman:	
	
Director:	
Address:	
B. OFFICERS	
President: PLEASE SEE ATTACHED LIST	
Address:	
0	بينسي والمنافرة والمسترون
Address:	
/ #1.	ndum to the application listing additional officers and/or directors.
16.	M Man Et 5
The officer or director signing this document (gnature of Director or Officer (and who is listed in number 11 above) affirms that the facts stated herein information submitted in a document to the Department of State constitutes 155, F.S.
13. Lori B. Marino - Vice President	
(Typed or printed nan	ne and capacity of person signing application)

1133 Westchester Avenue, White Plains, NY 10604 Directors & Officers

	Name		Title Role 17
•	Orlando Ashford	Director	Director
,	Geraud Damis	Director	Director
•	Donald DeFosset, Jr.	Director	Director
	Christina A. Gold	Director	Director
•	Richard Lavin	Director	Director
-	Frank T. Macinnis	Director	Director
•	Rebecca A. McDonald	Director	Director
	Nicholas C. Fanandakis	Director	Director
	Timothy H. Powers	Director	Director
	Denise L. Ramos	Director	Director
	Denise L. Ramos	Chief Executive Officer & President	Officer
	Farrokh Batliwala	Senior Vice President & President, Control & Connect Technologies	Officer
,	Victoria Creamer	Senior Vice President, Chief Human Resources Officer	Officer
	William E. Feher	Vice President, Internal Audit and Chief Risk Officer	Officer
	Steven Giuliano	Vice President , Chief Accounting Officer & Assistant Secretary	Officer
	Mary Beth Gustafsson	Senior Vice President, General Counsel & Chief Compliance Officer	Officer
	David J. Malinas	Senior Vice President & President, Industrial Process	Officer
	Lori B. Marlno	Vice President, Deputy General Counsel and Corporate Secretary	Officer
	Malcolm Miller	Vice President and Treasurer	Officer
	Luca Savi	Executive Vice President & Chief Operating Officer	Officer
	Michael J. Savinelli	Vice President, Chief Tax Officer, Assistant Treasurer & Assistant Secretary	Officer
	Thomas M. Scalera	Executive Vice President & Chief Financial Officer	Officer

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State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 01, 2016, and was in existence of authorized to transact business in the State of Indiana on July: 17, 2017.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, on expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 17, 2017

CONNIE LAWSON SECRETARY OF STATE

2015122300583 / 2017358695

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate