FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State F95000005739 DOCUMENT # 1. Entity Name 05-14-2002 90319 028 ***150.00 ITT INDUSTRIES, INC. Principal Place of Business Mailing Address 4 WEST RED OAK LANE 4 WEST RED OAK LANE WHITE PLAINS NY 10604 WHITE PLAINS NY 10604 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE . Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 13-5158950 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE Delete NAME NAME SWIRE, LAWRENCE J STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP CITY-ST-7IP WHITE PLAINS NY 10604 ☐ Addition TITLE ☐ Delete TITLE CPD NAME NAME GIULIAND, LOUIS J STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VP** NAME NAME STOLAR, KATHLEEN S STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ Addition ☐ Change ☐ Delete TITLE TITLE **VPGC** NAME NAME MAFFEO, VINCENT A STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 Change Addition ☐ Delete TITLE NAME NAME BEICKE, ROBERT W STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 Delete ☐ Change ★ Addition TITLE TITLE NAME MARIA TZORTZATOS NAME POWERS, RICHARD W 4 WEST RED ONK LANE STREET ADDRESS STREET ADDRESS 4 WEST RED OAK LANE CITY-ST-ZIP 9 WKITE PLAINS, M.4. 10604 CITY-ST-ZIP WHITE PLAINS NY 10604 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: _

STATES UNDER THE DISTRIBUTION OF THE DESCRIPTION OF

4/24/02

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