2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005739

Entity Name: ITT INDUSTRIES, INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4 WEST RED OAK LANE WHITE PLAINS, NY 10604 **Current Mailing Address: New Mailing Address:** 4 WEST RED OAK LANE WHITE PLAINS, NY 10604 FEI Number: 13-5158950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SWIRE, LAWRENCE J Name: Name: 4 WEST RED OAK LANE Address: Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: CPD Title: Title: () Delete () Change () Addition Name: GIULIAND, LOUIS J Name: 4 WEST RED OAK LANE Address: Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: () Delete Title: Title: () Change () Addition STOLAR, KATHLEEN S Name: Name: 4 WEST RED OAK LANE Address: Address: WHITE PLAINS, NY 10604 City-St-Zip: City-St-Zip: Title: **VPGC** () Delete Title: () Change () Addition MAFFEO, VINCENT A Name: Name: Address: 4 WEST RED OAK LANE Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: Title: Title: () Delete () Change () Addition TZORTZATOS, MARIA Name: Name: 4 WEST RED OAK LANE Address: Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: DOYLE, VALERIE M 4 WEST RED OAK LANE Address: Address: City-St-Zip: City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TZORTZATOS AS 03/08/2004

PETER H. JOHNSEN - ASST SEC. 1650 TYSONS BLVD, SUITE 1700 MCLEAN, VA 22102

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