

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002963

Entity Name: FLOWTRONEX PSI, INC.

FILED
Apr 26, 2010
Secretary of State

Current Principal Place of Business:

10661 NEWKIRK RD
DALLAS, TX 75220

New Principal Place of Business:

Current Mailing Address:

C/O ITT CORPORATION
1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604 36

New Mailing Address:

FEI Number: 75-2689750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P
Name: VOWELL, ROGER
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: VP
Name: STEWART, HANS
Address: 240 FALL STREET
City-St-Zip: SENECA FALLS, NY 13148

Title: VPAS
Name: DECICCO, ANDREW
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: D
Name: DOBSON, JANE
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: ATAS
Name: TZORTZATOS, MARIA
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: ATAS
Name: CAREY, VINCENT M
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

I hereby 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 all other like empowered.

SIGNATURE: MARIA TZORTZATOS

ATAS

04/26/2010

Electronic Signature of Signing Officer or Director

_____ Date