## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000002658

Entity Name: ITT FLYGT LLC

FILED Apr 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % ITT INDUSTRIES, INC. 4 WEST RED OAK LANE WHITE PLAINS, NY 10604 **New Mailing Address: Current Mailing Address:** % ITT INDUSTRIES, INC 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition ITT INDUSTRIES, INC. VALERIE, DOYLE M Name: Name: 4 WEST RED OAK LANE Address: 4 WEST RED OAK LANE Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: WHITE PLAINS, NY 10604 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: TOBIAS, HAHN Address: Address: 35 NUTMEG DRIVE City-St-Zip: City-St-Zip: TRUMBULL, CT 06611 Title: () Delete Title: ( ) Change (X) Addition MARY, MCCUTCHEON Name: Name: Address: Address: 35 NUTMEG DRIVE City-St-Zip: City-St-Zip: TRUMBULL, CT 06611 Title: () Delete Title: DVPT ( ) Change (X) Addition JAMES, MCLAUGHLIN Name: Name: 35 NUTMEG DRIVE Address: Address: City-St-Zip: City-St-Zip: TRUMBULL, CT 06611 Title: () Delete Title: ( ) Change (X) Addition JIM, RANDALL Name: Name: N11W31297 FAIRFIELD WAY Address: Address: City-St-Zip: City-St-Zip: DELAFIELD, WI 53018 Title: () Delete Title: **VPAS** ( ) Change (X) Addition JANE DOBSON Name: Name: Address: Address: 10 MOUNTAINVIEW ROAD UPPER SADDLE RIVER, NJ 07432 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA TZORTZATOS AS 04/10/2006