

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002658

FILED
Apr 20, 2007
Secretary of State

Entity Name: ITT FLYGT LLC

Current Principal Place of Business:

% ITT INDUSTRIES, INC.
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604

New Principal Place of Business:

% ITT CORPORATION
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604

Current Mailing Address:

% ITT INDUSTRIES, INC.
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604

New Mailing Address:

% ITT CORPORATION
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:

C T 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

MANAGING MEMBERS/MANAGERS:

Title: ASAT () Delete
Name: VALERIE, DOYLE M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: DP () Delete
Name: TOBIAS, HAHN
Address: 35 NUTMEG DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: S () Delete
Name: MARY, MCCUTCHEON
Address: 35 NUTMEG DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: DVPT () Delete
Name: JAMES, MCCLAUGHLIN
Address: 35 NUTMEG DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: VP () Delete
Name: JIM, RANDALL
Address: N11W31297 FAIRFIELD WAY
City-St-Zip: DELAFIELD, WI 53018

Title: VPAS () Delete
Name: JANE, DOBSON
Address: 10 MOUNTAINVIEW ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
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: VALERIE M DOYLE

ASAT

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date