

1.) CORPORATION NAME:

**ITT Power Solutions, Inc.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1730235**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11 Interstate Drive

CITY/ST/ZIP: West Springfield, MA 01089

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: RON GORDON TITLE: PRESIDENT ADDRESS: 11 INTERSTATE DRIVE CITY/ST/ZIP/CO: WEST SPRINGFIELD, MA 01089</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Scott Bettigole TITLE: Cont./Ass. Trea ADDRESS: 11 Interstate Drive CITY/ST/ZIP/CO: West Springfield, MA 01089</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Vicki Winger Shrewsbury TITLE: VICE PRESIDENT ADDRESS: 11 Interstate Drive CITY/ST/ZIP/CO: West Springfield, MA 01089</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Maria Tzortzatos TITLE: ASST TREASURER ADDRESS: 11 Interstate Drive CITY/ST/ZIP/CO: West Springfield, MA 01089</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Janet McGregor TITLE: VP/Treasurer ADDRESS: 11 Interstate Drive CITY/ST/ZIP/CO: West Springfield, MA 01089</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Mark Pisani TITLE: DIRECTOR ADDRESS: 11 Interstate Drive CITY/ST/ZIP/CO: West Springfield, MA 01089</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Christopher Young	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 Interstate Drive		
CITY/ST/ZIP/CO:	West Springfield, MA 01089		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ Maria Tzortzatos</u>	<u>Maria Tzortzatos, ASST</u>	<u>11/15/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.