

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811107

1. Corporation Name

United Technologies Corporation
One Financial Plaza
Hartford, CT 06101

Principal Place of Business

Mailing Address

1 Financial Plaza
Hartford, CT 06101

1 Financial Plaza
Hartford, CT 06101

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

6/19/1956

3a. Date of Last Report

4/11/1995

4. FEI Number

06-0570975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent of the corporation and the filer of this report.

If the Registered Agent's signature requires other verification:

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS DELETE
NAME Trachsel, William H.
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

1. TITLE Change Add on
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VP DELETE
NAME Page, Stephen F.
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VP DELETE
NAME Herman, Robert J.
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VP DELETE
NAME Minnich, George E.
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE P DELETE
NAME David, George AL
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE C DELETE
NAME Daniell, R.F.
STREET ADDRESS 1 Financial Plaza
CITY-STATE-ZIP Hartford, CT 06101

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

600001808466
-05/06/96--01021--020
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George E. Minnich* George E. Minnich

4/24/96 (860)728-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

CR2E034 (12/95)