2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000008

1. Entity Name
CARRIER SALES AND DISTRIBUTION, LLC

Principal Place of Business	Mailing Address
CARRIER PKWY. TAX DEPT., TR-5 SYRACUSE, NY 13221	CARRIER PKWY. TAX DEPT., TR-5 SYRACUSE, NY 13221

DO NOT WRITE IN THIS SPACE

01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1519509
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GALLI, ROBERT E
STREET ADDRESS	ONE CARRIER PLACE
CITY-ST-ZIP	FARMINGTON, CT 06034
TITLE	MGR
NAME	GUZZI, ANTHONY J
STREET ADDRESS	CARRIER PARKWAY
CITY-ST-ZIP	SYRACUSE, NY 13221
TITLE	MGR
NAME	MESSINA, ANGELO J
STREET ADDRESS	ONE CARRIER PLACE
CITY-ST-ZIP	FARMINGTON, CT 06034
TITLE	AT
NAME	HILL, ROBERT N
STREET ADDRESS	CARRIER PKWY., P.O. BOX 4808
CITY-ST-ZIP	SYRACUSE, NY 13221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Robert N Hill Assistant Treasurer 1/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #