2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# M01000000008

Entity Name: CARRIER SALES AND DISTRIBUTION, LLC

Current Principal Place of Business:

CARRIER PKWY.
SYRACUSE, NY 13221

New Principal Place of Business:

Current Mailing Address:

CARRIER PKWY.
LEGAL DEPT., TR-4
SYRACUSE, NY 13221

New Mailing Address:

FEI Number: 06-1519509 **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: MGR ( ) Delete
Name: POOLE, RAYMOND
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: MGR (X) Delete
Name: ROMANO, KELLY
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: MGR (X) Delete
Name: BULLOCK, STEPHEN C
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

ADDITIONS/CHANGES:

Title: FMGR (X) Change ( ) Addition
Name: HERMAN, PHIL E FMGR
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

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

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: PHIL E. HERMAN FMGR 04/10/2007

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