

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 # **P06066 (5)**

1. Corporation Name
CARRIER INTERNATIONAL CORPORATION



Principal Place of Business	Mailing Address
CARRIER PARKWAY P.O. BOX 4808 SYRACUSE NY 13221 US	CARRIER PARKWAY P.O. BOX 4808 SYRACUSE NY 13221 US

3. Date Incorporated or Qualified 05/16/1985	3a. Date of Last Report 04/12/1995
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number 16-1220461	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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, typed or printed name of registered agent and client, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGO, WILLIAM S	1.2 NAME	
STREET ADDRESS	106 OLD MILL RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVON CT	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITCHERY, REGINA	2.2 NAME	
STREET ADDRESS	27 JUNIPER LANE WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	GLASTONBURY CT	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENAUD, GILLES A.	3.2 NAME	
STREET ADDRESS	21 TALCOTT MOUNTAIN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SIMSBURY CT	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMA, ARNOLD	4.2 NAME	
STREET ADDRESS	2 ALLYN ALLEY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MYSTIC CT	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLI, ROBERT E	5.2 NAME	
STREET ADDRESS	329 NORTH STAR DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTHINGTON CT	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPPARD, FRANCES K.	6.2 NAME	
STREET ADDRESS	14 MILDRED AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BALDWINVILLE NY	6.4 CITY - ST - ZIP	

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: *Frances K. Leppard* **Frances K. Leppard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/8/96
Date

Daytime Phone #

CR2E034 (12/95)