

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06066 (5)**

1. Corporation Name  
**CARRIER INTERNATIONAL CORPORATION**



Principal Place of Business <b>CARRIER PARKWAY P.O. BOX 4808 SYRACUSE NY 13221 US</b>	Mailing Address <b>CARRIER PARKWAY P.O. BOX 4808 SYRACUSE NY 13221-4808 US</b>
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3. Date Incorporated or Qualified <b>05/16/1985</b>	3a. Date of Last Report <b>02/19/1996</b>
4. FEI Number <b>16-1220461</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FRAGO, WILLIAM S</b>
STREET ADDRESS	<b>106 OLD MILL RD</b>
CITY-ST-ZIP	<b>AVON CT</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>HITCHERY, REGINA</b>
STREET ADDRESS	<b>27 JUNIPER LANE WEST</b>
CITY-ST-ZIP	<b>GLASTONBURY CT</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RENAUD, GILLES A.</b>
STREET ADDRESS	<b>21 TALCOTT MOUNTAIN ROAD</b>
CITY-ST-ZIP	<b>SIMSBURY CT</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LEMA, ARNOLD</b>
STREET ADDRESS	<b>2 ALLYN ALLEY</b>
CITY-ST-ZIP	<b>MYSTIC CT</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GALLI, ROBERT E</b>
STREET ADDRESS	<b>329 NORTH STAR DR</b>
CITY-ST-ZIP	<b>SOUTHINGTON CT</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEPPARD, FRANCES K.</b>
STREET ADDRESS	<b>14 MILDRED AVENUE</b>
CITY-ST-ZIP	<b>BALDWINVILLE NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John Lord</b>
1.3 STREET ADDRESS	<b>38 Pembroke Hill Road</b>
1.4 CITY-ST-ZIP	<b>Farmington, CT 06032</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>Assistant Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Michael Gebert</b>
6.3 STREET ADDRESS	<b>201 W. Genesee St. #184</b>
6.4 CITY-ST-ZIP	<b>Fayetteville, N.Y. 13066</b>

14. I do 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 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: \_\_\_\_\_ **Michael Gebert**  
 Assistant Secretary

CR2E034 (9/96)

**CARRIER INTERNATIONAL CORPORATION  
(DELAWARE)**

**E.I. #16-1220461**

**DIRECTORS:**

Robert E. Galli  
John R. Lord  
George E. Minnich

**OFFICERS:**

William R. Brown	President, LAO
Geraud Darnis	President, ETO
Nicholas T. Pinchuk	President, APO
Benny Oh	Vice President, APO
Walter A. Ruschmeyer	Controller
John R. Lord	President
Arnold H. Lema	Treasurer
Robert E. Galli	Vice President & General Counsel & Secretary
George E. Minnich	Vice President - Finance
Regina M. Hitchery	Vice President - Human Resources
Donald K. Cawley	Assistant Secretary
Michael Gebert	Assistant Secretary
John M. Healy	Assistant Secretary
Sandra A. Karanian	Assistant Secretary
William F. Striebe	Assistant Secretary
William Tolley	Assistant Secretary
Stephen S. Young	Assistant Secretary