

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90003 007 ***150.00

DOCUMENT # P06066

1. Entity Name
CARRIER INTERNATIONAL CORPORATION



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

Mailing Address
CARRIER PARKWAY
P.O. BOX 4808
SYRACUSE, NY 13221 US

24079425



07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1220461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DARNIS, GERAUD 19 COBBTAIL WAY SIMSBURY, CT 06070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VF MESSINA, ANGELO J ONE CARRIER PLACE FARMINGTON, CT 06034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WITZKY, CHRISTOPHER 54 SACHEM DR GLASTONBURY, CT 06033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALLI, ROBERT E 329 NORTH STAR DR SOUTHINGTON, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HILL, ROBERT N CARRIER PARKWAY SYRACUSE, NY 132214808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert N Hill Assistant Secretary 7/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carrier International Corporation
Tax Department
Carrier Parkway, TR-5
P.O. Box 4808
Syracuse, N.Y. 13221
ROBERT N. HILL, MANAGER
STATE/LOCAL TAXES AND
ASSISTANT SECRETARY
(315) 432-3860
FAX (315) 432-7319

Attachment
2407425



Carrier

A United Technologies Company

July 30, 2004

State of Florida
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

Re: Carrier International Corporation
Document #P06066

Please find enclosed our check in the amount of \$150.00 to cover the 2004 corporate annual report for Carrier International Corporation.

We wish to advise the state that we did not receive any correspondence in regard to any delinquencies.

We, therefore, request the abatement of any penalties associated with this filing.

Thank you in advance for your anticipated cooperation.

Very truly yours,

Robert Hill

Robert N. Hill, Manager
State and Local Taxes

RNH/:cw
Enclosure