


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 036 ***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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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)					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARNIS, GERAUD		NAME		
STREET ADDRESS	19 COBBTAIL WAY		STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY, CT 06070		CITY-ST-ZIP		
TITLE	VF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MESSINA, ANGELO J		NAME		
STREET ADDRESS	ONE CARRIER PLACE		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITZKY, CHRISTOPHER		NAME		
STREET ADDRESS	54 SACHEM DR		STREET ADDRESS		
CITY-ST-ZIP	GLASTONBURY, CT 06033		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLI, ROBERT E		NAME		
STREET ADDRESS	329 NORTH STAR DR		STREET ADDRESS		
CITY-ST-ZIP	SOUTHINGTON, CT		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, ROBERT N		NAME		
STREET ADDRESS	CARRIER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE, NY 132214808		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert N Hill</i> Robert N. Hill, Assistant Secretary			3/2/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		