

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 800132

Entity Name: OTIS ELEVATOR COMPANY**Current Principal Place of Business:**ONE CARRIER PLACE
FARMINGTON, CT 06032**Current Mailing Address:**ONE CARRIER PLACE
FARMINGTON, CT 06032 US**FEI Number:** 13-5583389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name DARNIS, GERAUD
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title VP, GENERAL COUNSEL &
 SECRETARY, DIRECTOR
Name LAFRENIERE, NORA
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title VICE PRESIDENT & CHIEF FINANCIAL
 OFFICER, DIRECTOR
Name GEORGE, MARK R.
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title ASSISTANT SECRETARY
Name POLLARD, BRYAN K.
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title TREASURER
Name WITZKY, CHRISTOPHER
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title DEPUTY GENERAL COUNSEL AND
 ASSISTANT SECRETARY
Name JONES, DAVID M.
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

Title VICE PRESIDENT - FINANCE, NORTH
 AMERICA
Name SPUNAR, MARILYN
Address ONE CARRIER PLACE
City-State-Zip: FARMINGTON CT 06032

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORA LAFRENIERE**VP, GENERAL COUNSEL 12/11/2015
& SECRETARY,
DIRECTOR**_____
Electronic Signature of Signing Officer/Director Detail_____
Date