**Entity Name:** CARRIER CORPORATION

**Current Principal Place of Business:**
ONE CARRIER PLACE  
FARMINGTON, CT 06032

**Current Mailing Address:**
ONE CARRIER PLACE  
FARMINGTON, CT 06032 US

**FEI Number:** 06-0991716

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
CT CORPORATION SYSTEM  
1200 S. 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

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### Officer/Director Detail

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT, DIRECTOR</td>
<td>DARNIS, GERAUD</td>
<td>ONE CARRIER PLACE</td>
<td>FARMINGTON CT 06032</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>CAWLEY, DONALD K.</td>
<td>ONE CARRIER PLACE</td>
<td>FARMINGTON CT 06032</td>
</tr>
<tr>
<td>TREASURER</td>
<td>WITZKY, CHRISTOPHER</td>
<td>ONE CARRIER PLACE</td>
<td>FARMINGTON CT 06032</td>
</tr>
<tr>
<td>ASSISTANT SECRETARY</td>
<td>QUERCIA, ANDREA M.</td>
<td>ONE CARRIER PLACE</td>
<td>FARMINGTON CT 06032</td>
</tr>
</tbody>
</table>

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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:** ANDREA M. QUERCIA  
ASSISTANT SECRETARY  
Date

Electronic Signature of Signing Officer/Director Detail  
Date