FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843583** **(6)**

1. Corporation Name

CARRIER CORPORATION

Principal Place of Business

6304 CARRIER PKWY.
P.O.BOX 4808
SYRACUSE NY 13221

Mailing Address

6304 CARRIER PKWY.
P.O.BOX 4808
SYRACUSE NY 13221

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: **06/27/1979**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **06-0991716** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	AS	☐ DELETE
NAME	LEPPARD, FRANCES K.	
STREET ADDRESS	14 MILDRED AVENUE	
CITY-ST-ZIP	BALDWINSVILLE NY	
TITLE	P	☒ DELETE
NAME	FRAGO, WILLIAM S	
STREET ADDRESS	106 OLD MILL ROAD	
CITY-ST-ZIP	AVON CT	
TITLE	VPGC	☐ DELETE
NAME	GALLI, ROBERT E	
STREET ADDRESS	329 NORTH STAR DR	
CITY-ST-ZIP	SOUTHINGTON CT	
TITLE	T	☐ DELETE
NAME	LEMA, ARNOLD H.	
STREET ADDRESS	2 ALLYN ALLEY	
CITY-ST-ZIP	MYSTIC CT	
TITLE	VPCF	☐ DELETE
NAME	RENAUD, GILLES A.	
STREET ADDRESS	21 TALCOTT MT RD	
CITY-ST-ZIP	SIMSBURY CT	
TITLE	AS	☐ DELETE
NAME	HILL, ROBERT N	
STREET ADDRESS	4037 LIBRA LANE	
CITY-ST-ZIP	LIVERPOOL NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	☐ Change ☒ Addition
2.2 NAME	John Lord	
2.3 STREET ADDRESS	38 Pembrooke Hill Road	
2.4 CITY-ST-ZIP	Farmington, CT 06032	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert N Hill — Robert N. Hill, Assistant Secretary 2/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)