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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843583**

1. Corporation Name
CARRIER CORPORATION

Principal Place of Business	Mailing Address
6304 CARRIER PKWY. P.O.BOX 4808 SYRACUSE NY 13221	6304 CARRIER PKWY. P.O.BOX 4808 SYRACUSE NY 13221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1979

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 06-0991716 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	LEPPARD, FRANCES K.		1.2 NAME	Joseph M. Savage	
STREET ADDRESS	14 MILDRED AVENUE		1.3 STREET ADDRESS	7885 East Ridge Pointe Drive	
CITY-ST-ZIP	BALDWINSVILLE NY		1.4 CITY-ST-ZIP	Fayetteville, N.Y. 13066	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LORD, JOHN		2.2 NAME		
STREET ADDRESS	38 PEMBROOKE HILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON CT		2.4 CITY-ST-ZIP		
TITLE	VPGC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GALLI, ROBERT E		3.2 NAME		
STREET ADDRESS	329 NORTH STAR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHINGTON CT		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	GROFF, MICHAEL R.		4.2 NAME	Christopher Witzky	
STREET ADDRESS	2 ALLYN ALLEY		4.3 STREET ADDRESS	54 Sachem Drive	
CITY-ST-ZIP	MYSTIC CT		4.4 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	VPCF	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MINNICH, GEORGE E.		5.2 NAME		
STREET ADDRESS	3 FIELDSTONE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CT		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HILL, ROBERT N		6.2 NAME		
STREET ADDRESS	4037 LIBRA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LIVERPOOL NY		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Robert N Hill Robert N. Hill 1/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #