

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843583

1. Entity Name

CARRIER CORPORATION

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90097 040 ***150.00

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 13221-4808

741509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0991716

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete
NAME SAVAGE, JOSEPH M
STREET ADDRESS 7885 EAST RIDGE POINTE DRIVE
CITY-ST-ZIP FAYETTEVILLE NY 13066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME LORD, JOHN
STREET ADDRESS 38 PEMBROOKE HILL ROAD
CITY-ST-ZIP FARMINGTON CT

TITLE President ☒ Change ☐ Addition
NAME Jonathan W. Ayers
STREET ADDRESS 2 Iron Forge
CITY-ST-ZIP Avon, CT 06001

TITLE VPGC ☐ Delete
NAME GALLI, ROBERT E
STREET ADDRESS 329 NORTH STAR DR
CITY-ST-ZIP SOUTHLINGTON CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WITZKY, CHRISTOPHER
STREET ADDRESS 54 SACHEM DRIVE
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPCF ☐ Delete
NAME MINNICH, GEORGE E.
STREET ADDRESS 3 FIELDSTONE LANE
CITY-ST-ZIP AVON CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME HILL, ROBERT N
STREET ADDRESS 4037 LIBRA LANE
CITY-ST-ZIP LIVERPOOL NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Hill Assistant Secretary

Date

Daytime Phone #

CR2E034 (9/99)