

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90111 039 ***150.00

DOCUMENT # 843583

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0991716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **P** ☐ Delete
NAME **DARNIS, GERAUD**
STREET ADDRESS **19 COBBTAIL WAY**
CITY-ST-ZIP **SIMSBURY CT 06070**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)