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TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 853776 (3)**

1. Corporation Name  
**UT LEASING SERVICES, INC.**  
For Profit Organization

Principal Place of Business      Mailing Address

**6311 FLY RD  
E.SYRACUSE NY 13057  
US**      **6311 FLY RD  
E.SYRACUSE NY 13057  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/16/1982**      **04/27/1994**

4. FEI Number      Applied For / Not Applicable  
**06-1064993**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**UT 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      85. Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, FREDERICK	1.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	1.3 STREET ADDRESS	300001457513
CITY - ST - ZIP	HARTFORD CT	1.4 CITY - ST - ZIP	-04/17/95 --01006--012
TITLE	VPC	2.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JERRY L	2.2 NAME	Groff, Michael
STREET ADDRESS	UNITED TECHNOLOGIES BLDG	2.3 STREET ADDRESS	United Technologies Building
CITY - ST - ZIP	HARTFORD CT	2.4 CITY - ST - ZIP	Hartford, CT 06101
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILING, EDWARD R	3.2 NAME	
STREET ADDRESS	UNITED TECHNOLOGIES BLDG	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	VP/Counsel & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANERVKO, ARTHUR W.	4.2 NAME	Hildebrand, Charles F.
STREET ADDRESS	CARRIER PKWY.	4.3 STREET ADDRESS	United Technologies Building
CITY - ST - ZIP	E. SYRACUSE, N.U.	4.4 CITY - ST - ZIP	Hartford, CT 06101
TITLE	AS	5.1 TITLE	VP - Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, DEVIN B	5.2 NAME	Kelly, Kenneth A. Jr.
STREET ADDRESS	UNITED TECHNOLOGIES BLDG	5.3 STREET ADDRESS	United Technologies Building
CITY - ST - ZIP	HARTFORD CT	5.4 CITY - ST - ZIP	Hartford, CT 06101
TITLE	D	6.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMA, ARNOLD H.	6.2 NAME	Shoop, Randy A.
STREET ADDRESS	CARRIER WORLD HEADQTRTS	6.3 STREET ADDRESS	United Technologies Building
CITY - ST - ZIP	FARMINGTON CT	6.4 CITY - ST - ZIP	Hartford, CT 06101

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Edward R. Gailing      Date: 4/5/95      (203) 728-7581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR