

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856244** (9)

1. Corporation Name
UNITED TECHNOLOGIES CORTRAN, INC.

Principal Place of Business % UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD CT 06101	Mailing Address % UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD CT 06101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1068391	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRACHSEL, WILLIAM H.			1.2 NAME			
STREET ADDRESS	1 FINANCIAL PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06101			1.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HASSETT, NEIL			2.2 NAME	Galling, Edward R.		
STREET ADDRESS	1 FINANCIAL PLAZA			2.3 STREET ADDRESS	1 Financial Plaza		
CITY-ST-ZIP	HARTFORD CT 06101			2.4 CITY-ST-ZIP	Hartford, CT 06101		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOULEY, HELEN M			3.2 NAME	McFadden, Kathleen M.		
STREET ADDRESS	1 FINANCIAL PLAZA			3.3 STREET ADDRESS	1 Financial Plaza		
CITY-ST-ZIP	HARTFORD CT 06101			3.4 CITY-ST-ZIP	Hartford, CT 06101		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NOBLET, CHRISTOPHER F			4.2 NAME	Brechter, Steven P.		
STREET ADDRESS	1 FINANCIAL PLAZA			4.3 STREET ADDRESS	1 Financial Plaza		
CITY-ST-ZIP	HARTFORD CT			4.4 CITY-ST-ZIP	Hartford, CT 06101		
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKNALL, WILLIAM L			5.2 NAME			
STREET ADDRESS	1 FINANCIAL PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06101			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, REINHARD E			6.2 NAME			
STREET ADDRESS	1 FINANCIAL PLAZA			6.3 STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT			6.4 CITY-ST-ZIP			

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, on an attachment with an address.

SIGNATURE:  Edward R. Galling 4/25/98

CR2E034 (10/97)