

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90083 050 ***150.00

DOCUMENT # 856244

i. Entity Name

UNITED TECHNOLOGIES CORTTRAN, INC.

Principal Place of Business

Mailing Address

**UNITED TECHNOLOGIES CORPORATION
 FINANCIAL PLAZA
 HARTFORD CT 06101**

**% UNITED TECHNOLOGIES CORPORATION
 1 FINANCIAL PLAZA
 HARTFORD CT 06103-2608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1068391

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D TRACHSEL, WILLIAM H. STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT 06101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | T GAILING, E R STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT 06101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | S MCFADDEN, K M STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT 06101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | P BRECHTER, S P STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT 06101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | VP BUCKNALL, WILLIAM L STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT 06101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | AS BAUER, REINHARD E STREET ADDRESS 1 FINANCIAL PLAZA CITY-ST-ZIP HARTFORD CT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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

Edward R. Gailing

Date

Daytime Phone #

860-728-7581

CR2E034 (9/99)