

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856244

1. Entity Name  
UNITED TECHNOLOGIES CORTTRAN, INC.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90096 032 \*\*\*150.00

Principal Place of Business Mailing Address  
% UNITED TECHNOLOGIES CORPORATION % UNITED TECHNOLOGIES CORPORATION  
1 FINANCIAL PLAZA 1 FINANCIAL PLAZA  
HARTFORD CT 06101 HARTFORD CT 06101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06-1068391		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHSEL, WILLIAM H.		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06101		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILING, E R		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06101		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, K M		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06101		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHTER, S P		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06101		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNALL, WILLIAM L		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06101		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, REINHARD E		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		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: Edward R. Gailing  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (860) 728-6465  
Date Daytime Phone #

CR2E034 (9/01)