


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 856244	
1. Entity Name UNITED TECHNOLOGIES CORTAN, 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

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1068391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000750625
05/18/07-80070-007 450.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACHSEL, WILLIAM H. 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HASSETT, NEIL 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREGOR, LAUREN 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, PAUL 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKNALL, WILLIAM L 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAUER, REINHARD E 1 FINANCIAL PLAZA HARTFORD, CT

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

Despina Zoef
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Despina Zoef

4/4/07
Date

860 728 7733
Daytime Phone #