
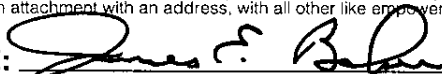


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 017 ***150.00

DOCUMENT # F00000001078					
1. Entity Name HAMILTON SUNDSTRAND MANAGEMENT SERVICES, INC.					
Principal Place of Business ONE HAMILTON ROAD, WINDSOR LOCKS, CT 06096-1010			Mailing Address ONE HAMILTON ROAD, WINDSOR LOCKS, CT 06096-1010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, EDWARD M		NAME	Francis, Edward M.	
STREET ADDRESS	ONE HAMILTON ROAD		STREET ADDRESS	One Hamilton Road	
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096		CITY-ST-ZIP	Windsor Locks, CT 06096	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGRICH, JAMES		NAME	Gingrich, James	
STREET ADDRESS	4747 HARRISON AVENUE		STREET ADDRESS	4747 Harrison Avenue	
CITY-ST-ZIP	ROCKFORD, IL 61108		CITY-ST-ZIP	Rockford, IL 61108	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTES, MICHAEL A		NAME	Montes, Michael A.	
STREET ADDRESS	ONE HAMILTON ROAD		STREET ADDRESS	One Hamilton Road	
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096		CITY-ST-ZIP	Windsor Locks, CT 06096	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLMAN, TODD		NAME	Nord, David G.	
STREET ADDRESS	ONE HAMILTON ROAD		STREET ADDRESS	One Hamilton Road	
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096		CITY-ST-ZIP	Windsor Locks, CT 06096	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEST, JOSEPH S		NAME	Rivers, Keith R.	
STREET ADDRESS	ONE HAMILTON ROAD,		STREET ADDRESS	One Hamilton Road	
CITY-ST-ZIP	WINDSOR LOCKS, CT 060961010		CITY-ST-ZIP	Windsor Locks, CT 06096	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERRY, JAMES A		NAME	Rosenthal, William R.	
STREET ADDRESS	ONE HAMILTON ROAD,		STREET ADDRESS	One Hamilton Road	
CITY-ST-ZIP	WINDSOR LOCKS, CT 060961010		CITY-ST-ZIP	Windsor Locks, CT 06096	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.					
SIGNATURE: 		Asst. Secretary		Date: 1/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 226-6043	

14010300



01192004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1165866

Applied For
Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FRANCIS, EDWARD M
STREET ADDRESS ONE HAMILTON ROAD
CITY-ST-ZIP WINDSOR LOCKS, CT 06096

TITLE CD ☐ Delete
NAME GINGRICH, JAMES
STREET ADDRESS 4747 HARRISON AVENUE
CITY-ST-ZIP ROCKFORD, IL 61108

TITLE S ☐ Delete
NAME MONTES, MICHAEL A
STREET ADDRESS ONE HAMILTON ROAD
CITY-ST-ZIP WINDSOR LOCKS, CT 06096

TITLE TD ☒ Delete
NAME KALLMAN, TODD
STREET ADDRESS ONE HAMILTON ROAD
CITY-ST-ZIP WINDSOR LOCKS, CT 06096

TITLE AT ☐ Delete
NAME GEST, JOSEPH S
STREET ADDRESS ONE HAMILTON ROAD,
CITY-ST-ZIP WINDSOR LOCKS, CT 060961010

TITLE AS ☐ Delete
NAME CHERRY, JAMES A
STREET ADDRESS ONE HAMILTON ROAD,
CITY-ST-ZIP WINDSOR LOCKS, CT 060961010

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Francis, Edward M.
STREET ADDRESS One Hamilton Road
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE D ☒ Change ☐ Addition
NAME Gingrich, James
STREET ADDRESS 4747 Harrison Avenue
CITY-ST-ZIP Rockford, IL 61108

TITLE VP ☒ Change ☐ Addition
NAME Montes, Michael A.
STREET ADDRESS One Hamilton Road
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE D ☐ Change ☒ Addition
NAME Nord, David G.
STREET ADDRESS One Hamilton Road
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE T ☐ Change ☒ Addition
NAME Rivers, Keith R.
STREET ADDRESS One Hamilton Road
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE AS ☐ Change ☒ Addition
NAME Rosenthal, William R.
STREET ADDRESS One Hamilton Road
CITY-ST-ZIP Windsor Locks, CT 06096

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:  Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/23/07

Daytime Phone #: 226-6043

Attachment
44610350

Hamilton Sundstrand Management Services, Inc.
One Hamilton Road
Windsor Locks, CT 06096-1010

2004 For Profit Corporation Annual Report
Document # F00000001078
FEID: 06-1165866

Attachment to Item 10/11

Additional Officers

Christine Rua	AS	One Hamilton Road, Windsor Locks, CT 06096
George J. Romanik	AS	One Hamilton Road, Windsor Locks, CT 06096
James E. Baker	AS	4747 Harrison Avenue, Rockford, IL 61108
James H. Van Hoof	AS	One Financial Plaza, Hartford, CT 06103
Edward R. Gailing	AS	One Financial Plaza, Hartford, CT 06103
Steven Miller	AT	One Hamilton Road, Windsor Locks, CT 06096