

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000002493



1. Entity Name
UNITED TECHNOLOGIES DOMESTIC OPERATIONS, INC.

Principal Place of Business
ONE FINANCIAL PLAZA
25TH FL TAX DEPT
HARTFORD, CT 06101

Mailing Address
ONE FINANCIAL PLAZA
25TH FL TAX DEPT
HARTFORD, CT 06101

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

DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2408752	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

U000000750627
05/18/07-80070-007 450.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRACHSEL, WILLIAM H
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

TITLE VP
NAME SCHIAVONE, LUCIA
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

TITLE S
NAME MCGREGOR, LAUREN
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

TITLE AT
NAME WITZKY, CHRISTOPHER
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

TITLE AS
NAME VAN HOOF, JAMES
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

TITLE AS
NAME BOUSQUET, PAUL
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP HARTFORD, CT 06101

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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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Despina Zoef

4/4/07

860 728 7733

Date

Daytime Phone #