


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F01000002493 1. Entity Name UNITED TECHNOLOGIES DOMESTIC OPERATIONS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2408752	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 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.

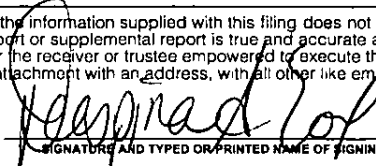
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000750627 05/18/07-80070-007 450.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACHSEL, WILLIAM H ONE FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHIAVONE, LUCIA ONE FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREGOR, LAUREN ONE FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WITZKY, CHRISTOPHER ONE FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAN HOOF, JAMES ONE FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOUSQUET, PAUL ONE FINANCIAL PLAZA 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:  **Despina Zoef** **4/4/07** **860 728 7733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #