


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90020 050 ***150.00

DOCUMENT # F02000001884 1. Entity Name CARRIER COMMERCIAL REFRIGERATION, INC.	
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Principal Place of Business 1329 LAKE STREET NILES, MI 49120	Mailing Address 1329 LAKE STREET NILES, MI 49120
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3002239	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODENBAUGH, JEFFREY 1245 CORPORATE BLVD. AURORA, IL 60504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, MARK 1245 CORPORATE BLVD. AURORA, IL 60504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLI, ROBERT E ONE CARRIER PLACE FARMINGTON, CT 06034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITZKY, CHRISTOPHER UNITED TECHNOLOGIES BUILDING HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HILL, ROBERT N CARRIER PKWY P.O. BOX 4808 SYRACUSE, NY 13221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: Robert N Hill **Robert N. Hill, Assistant Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/27/04
Date Daytime Phone #