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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005826

1. Corporation Name
SUNDSTRAND CORPORATION

Principal Place of Business 4949 HARRISON AVENUE P.O. BOX 7003 ROCKFORD IL 61125-7003	Mailing Address 4949 HARRISON AVENUE P.O. BOX 7003 ROCKFORD IL 61125-7003
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/22/1993	4. FEI Number 36-1840610	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CB	1.1 TITLE	Vice President, Tax
NAME	O'HARE, DON R	1.2 NAME	Neil Trautenberg
STREET ADDRESS	4949 HARRISON AVENUE	1.3 STREET ADDRESS	4949 Harrison Avenue
CITY-ST-ZIP	ROCKFORD IL	1.4 CITY-ST-ZIP	Rockford, IL, 61125
TITLE	D	2.1 TITLE	
NAME	BOLDUC, J P	2.2 NAME	
STREET ADDRESS	1 TOWN CENTER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GRINSTEIN, GERALD	3.2 NAME	
STREET ADDRESS	3800 CONTINENTAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MURMANN, KLAUS H	4.2 NAME	
STREET ADDRESS	KROKAMP 35, D 24539 NEUMUSTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	JENKINS, ROBERT H.	5.2 NAME	
STREET ADDRESS	4949 HARRISON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL 61125	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	MCKENNA, RONALD F.	6.2 NAME	
STREET ADDRESS	4949 HARRISON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (1/98)

3/25/99 815-226-6210