2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# F94000003974

Entity Name: TRANE CENTRAL AMERICA, INC.

Current Principal Place of Business:

1370 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

3600 PAMMEL CREEK RD
LA CROSSE, WI 54601

New Mailing Address:

FEI Number: 13-3774621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KISSEL, CRAIG W	
Address:	ONE CENTENNIAL AVENUE	
City-St-Zip:	PISCATAWAY, NJ 08855	
Title:	VP/T	( ) Delete
Name:	KUHL, DAVID S	
Address:	ONE CENTENNIAL AVENUE	
City-St-Zip:	PISCATAWAY, NJ 08855	
Title:	VP/S	( ) Delete
Name:	ZELLER, WILLIAM D	
Address:	ONE CENTENNIAL AVENUE	
City-St-Zip:	PISCATAWAY, NJ 08855	
Title:	VP	( ) Delete
Name:	ANTHONY, NICHOLAS A	
Address:	ONE CENTENNIAL AVENUE	
City-St-Zip:	PISCATAWAY, NJ 08855	
Title:	VP	( ) Delete
Name:	SHEKKEL, WILLIAM W	
Address:	ONE CENTENNIAL AVENUE	
City-St-Zip:	PISCATAWAY, NJ 08855	
Title:	AT	( ) Delete
Name:	SMOLEN, ROBERT S	
Address:	3600 PAMMEL CREEK ROAD	
City-St-Zip:	LA CROSSE, WI 54601	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. SMOLEN AT 04/22/2008

Electronic Signature of Signing Officer or Director Date