

# 2002 UNIFORM BUSINESS REPORT (UBR)

0136308 AR

**DOCUMENT # F99000005768**

1. Entity Name  
**PRATT & WHITNEY SERVICES, INC.**

APPROVED  
AND  
FILED

02 AUG -6 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ATTN: LEGAL DEPARTMENT  
400 MAIN STREET  
EAST HARTFORD CT 06108

Mailing Address  
ATTN: LEGAL DEPARTMENT  
400 MAIN STREET  
EAST HARTFORD CT 06108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1486258**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAPUTI, NICHOLAS</b>	
STREET ADDRESS	<b>400 MAIN STREET</b>	
CITY-ST-ZIP	<b>EAST HARTFORD CT 06108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEACH, JR, CHESTER PAUL</b>	
STREET ADDRESS	<b>400 MAIN STREET</b>	
CITY-ST-ZIP	<b>EAST HARTFORD CT 06108</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>THACKRAH, JOHN R</b>	
STREET ADDRESS	<b>400 MAIN STREET</b>	
CITY-ST-ZIP	<b>EAST HARTFORD CT 06108</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MENDILLO, JOHN R</b>	
STREET ADDRESS	<b>400 MAIN STREET</b>	
CITY-ST-ZIP	<b>EAST HARTFORD CT 06108</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MADIREDDI, NANDAKUMAR</b>	
STREET ADDRESS	<b>1177 N. GREAT SW PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX 75050</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>EYSTER, WILLIAM B</b>	
STREET ADDRESS	<b>3101 HAMMON RD</b>	
CITY-ST-ZIP	<b>WICHITA FALLS TX 76310</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>800007117238-3</b>	
STREET ADDRESS	<b>-08/14/02--01072--014</b>	
CITY-ST-ZIP	<b>****550.00 ****550.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **Mindy Stompins** 7/26/02 860-565-0422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

**Attachment to Uniform Business Report - Florida  
Pratt & Whitney Services, Inc.**

Additional Officers:

<u>Name</u>	<u>Title</u>	<u>Address, City, State and Zip Code</u>
Luis A. Zubillaga	Vice President	415 Washington Ave, North Haven, CT 06473
John R. Planchak	Vice President	1177 N Great SW Pkwy, Grand Prairie, TX 75050
Edmund DiSanto	Vice President	400 Main Street, East Hartford, CT 06108
Robert V. Hogan	Vice President	1875 N I-35 E, Carrollton, TX 75006
Michael J. Zapatka	Treasurer	400 Main Street, East Hartford, CT 06108
Stephen B. Swigert	Secretary	400 Main Street, East Hartford, CT 06108
Mindy S. Tompkins	Assistant Secretary	400 Main Street, East Hartford, CT 06108
Michael J. Funk	Assistant Secretary	1525 Midway Park Road, Bridgeport, WV 26330
Edward R. Gailing	Assistant Secretary	United Technologies Corp., United Technologies Building, Hartford, CT 06101

**CT CORPORATION**

CORPORATION(S) NAME

Pratt & Witney Services, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement            |   |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/6/02

Order#: 5522581

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
02 AUG -6 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615