2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 26, 2004 8:00 am Secretary of State

DOCUMENT # M0100002491 1. Entity Name CARRIER AEROSEAL, LLC						07-26-2004 90136 009 ****50.				***50.00	
Principal Place of Business Mailing Address C/O CARRIER CORPORATION C/O CARRIER CORPORATIO CARRIER PARKWAY, A&R BUILDING CARRIER PARKWAY, A&R E SYRACUSE, NY 13221 SYRACUSE, NY 13221				DING							
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				06112004	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State	City & State			4. FEI Numl			No	plied For t Applicable	
Zip	Country	Zip	Country			5. Certificat	e of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Cur	rent Registered Agent		.,		7. Name an	d Address of New	Registered /	Agent		
CTCOPP	ODATION SYSTEM		,	Name		_					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
			-	City				FL	Zip Code	e	
	named entity submits this statem	ent for the purpose of changing	its register	ed office or r	registere	ed agent, or b	oth, in the State of F		familiar with,	and accept	
SIGNATURE .	ions of registered agent.										
DIGITATIONE	Signature, typed or printed name of registered	agent and title if applicable. (I	NOTE: Registere	ed Agent signature	re required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 8, 2004											
Fil Due k	ling Fee is \$50.00 by September 8, 2004							ke check p ia Departm	eayable to sent of State	•	
Fil Due k	by September 8, 2004	EMBERS/MANAGERS	10.				Florid		ent of State	9	
Due k	MANAGING MI	EMBERS/MANAGERS	TITL	.E			Florid	ia Departm	ent of State	Addition	
Due k	by September 8, 2004 MANAGING MI		TITL NAM STR	.E			Florid	ia Departm	ent of State		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert N. Hill, Assista

Robert N. Hill, Assistant Treasurer

Daytime Phone #1

Attachments

Carrier Aeroseal, LLC. Tax Department Carrier Parkway, TR-5 P.O. Box 4808 Syracuse, N.Y. 13221 ROBERT N. HILL, MANAGER STATE/LOCAL TAXES AND ASSISTANT TREASURER (315) 432-3860 FAX (315) 432-7319



July 16, 2004

Florida Department of State Division of Corporations P=0 - Box-1500 ---Tallahassee, FL 32302-1500

Gentlemen:

Carrier Aeroseal, LLC Re: Document #M01000002491

Please find enclosed our check in the amount of \$50.00 to cover the 2004 corporation annual report for Carrier Aeroseal, LLC.

We wish to advise the state that we did not receive any correspondence in regard to any delinquencies.

We, therefore, request the abatement of any penalties in late fees. Your anticipated cooperation would be greatly appreciated.

Thank you.

Very truly yours,

a obert N.

Robert N. Hill, Manager State and Local Taxes and Assistant Treasurer

RNH/cw Enclosures