2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003793

Entity Name: INTERNATIONAL COMFORT PRODUCTS, LLC

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE CARRIER PLACE 650 HEIL QUAKER AVENUE FARMINGTON, CT 06034 LEWISBURG, TN 37091

Current Mailing Address: New Mailing Address:

P.O. BOX 4808, ATTN: LEGAL DEPARTMENT SYRACUSE, NY 13221

FEI Number: 57-1191618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition BRUEHLMAN, RONALD HERMAN, PHIL E FMGR Name: Name: Address: ONE CARRIER PLACE Address: 650 HEIL QUAKER AVENUE City-St-Zip: FARMINGTON, CT 06034 City-St-Zip: LEWISBURG, TN 37091

Title: MGR (X) Delete Title: () Change () Addition

Name: DESTAFFAN, PETER Name: Address: ONE CARRIER PLACE Address: City-St-Zip: FARMINGTON, CT 06034 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

GILL, CHARLES Name: Name: ONE CARRIER PLACE Address: Address: City-St-Zip: FARMINGTON, CT 06034 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHIL E. HERMAN **FMGR** 04/10/2007