

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003793

FILED
Apr 14, 2009
Secretary of State

Entity Name: INTERNATIONAL COMFORT PRODUCTS, LLC

Current Principal Place of Business:

CARRIER PARKWAY
BUILDING TR-4
SYRACUSE, NY 13221 US

New Principal Place of Business:

650 HEIL QUAKER AVE.
LEWISBURG, TN 37091 US

Current Mailing Address:

CARRIER PARKWAY
BUILDING TR-4
SYRACUSE, NY 13221 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: KLING, HERMAN PRES
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: VP () Delete
Name: BULLOCK, STEPHEN VP
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: SEC () Delete
Name: BULLOCK, STEPHEN SEC
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: TRES (X) Delete
Name: WITZKY, CHRISTOPHER TRES
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: ASEC (X) Delete
Name: HALL, DEBORAH ASEC
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: DIR (X) Delete
Name: BULLOCK, STEPHEN DIR
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

ADDITIONS/CHANGES:

Title: MRG (X) Change () Addition
Name: BORIES, JACQUES
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: MRG (X) Change () Addition
Name: BULLOCK, STEPHEN
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

Title: MRG (X) Change () Addition
Name: MCDONOUGH, ROBERT
Address: CARRIER PARKWAY
City-St-Zip: SYRACUSE, NY 13221

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 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: ANNE MEYER

POA

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date