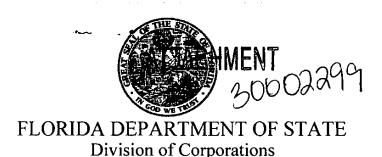
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # M05000001492** 02-24-2006 90244 012 ****50.00 1. Entity Name HONEYWELL HOMMED LLC Principal Place of Business Mailing Address 30002299 101 COLUMBIA ROAD **101 COLUMBIA ROAD** MORRISTOWN, NJ 07960 MORRISTOWN, NJ 07960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Synature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rains Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to . Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM IIILE me ☐ Detet Change | Addition HONEYWELL INTERNATIONAL, INC. MALAF MARKET STREET ADDRESS 101 COLUMBIA ROAD STREET ADDRESS CITY-ST-ZIP MORRISTOWN, NJ 07960 CITY-51-70 TITLE ☐ Deten TITLE ☐ Change ☐ Addition NUME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY, ST. 719 ☐ Detein TITLE ☐ Addition □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete Channe ☐ Addition NAME MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IIII E Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TILLE ☐ Detate TILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes. auld Beneruters SIGNATURE:

FILED

Mar 13, 2006 8:00 am



February 28, 2006

HONEYWELL HOMMED LLC 101 COLUMBIA ROAD MORRISTOWN, NJ 07960

Subject: HONEYWELL HOMMED LLC

Reference Number:

M05000001492

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850)-245-6051.

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