FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09994 (5)

1. Corporation Name

UNITED TECHNOLOGIES OPTICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
STATE ROAD 710 P.O. BOX 109660 W. PALM BEACH FL 33410-9660	STATE ROAD 710 P.O. BOX 109660 W. PALM BEACH FL 33410-9660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1986
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business 21	2a. Mailing Address 26: One Hamilton Road	4. FEI Number: 06-1165444	☐ Applied For ☐ Not Applicable
22. Suite, Apt. #, etc	27: M.S. 1-3-BC21	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23. City & State	28: Windsor Locks, CT	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24. Zip / 25. Country	29: Zip 06096 / 30. Country	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature (typed or printed name of registered agent and title if signing for corporation) (NOTE: Registered Agent's signature required where applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SIGMAN, GORDON H.	12 NAME	Raymond P. Kurlak
STREET ADDRESS	ONE HAMILTON ROAD	13 STREET ADDRESS	98 Willard Road
CITY ST ZIP	WINDSOR LOCKS CT	14 CITY ST ZIP	Orange, CT 06477
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HASSETT, NEIL A.	22 NAME	
STREET ADDRESS	ONE HAMILTON ROAD	23 STREET ADDRESS	
CITY ST ZIP	WINDSOR LOCKS CT	24 CITY ST ZIP	
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	DEROY, R.A	32 NAME	Joseph J. Gest
STREET ADDRESS	1700 BEELINE HWY.	33 STREET ADDRESS	12 Monroe Lane
CITY ST ZIP	JUPITER FL	34 CITY ST ZIP	Avon, CT 06001
TITLE	AS	41 TITLE	☒ Change ☐ Addition
NAME	ADAMS, JOHN W.	42 NAME	NONE
STREET ADDRESS	1700 BEELINE HIGHWAY	43 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph S. Gest (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Joseph S. Gest Treasurer 04/26/95 (Date) (203)654-4148 (Daytime Phone #)

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