

2000 UNIFORM BUSINESS REPORT (UBR)

121100

DOCUMENT # P09994

1. Entity Name

UNITED TECHNOLOGIES OPTICAL SYSTEMS, INC.

FILED

00 JUN 13 PM 12:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

STATE ROAD 710
P.O. BOX 109660
W. PALM BEACH FL 33410-6660

ONE HAMILTON ROAD
M.S. 1-3-BC21
WINDSOR LOCKS CT 06096-1000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1165444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

100003300251-3
-06/22/00-01006-002
*****550.00 FL *****550.00

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS KURLAK, RAYMOND P.
CITY-ST-ZIP 36 CHATEAU MARGAUX
BLOOMFIELD CT

TITLE ☒ Change ☐ Addition
NAME Secretary and Director
STREET ADDRESS Michael A. Monts
CITY-ST-ZIP One Hamilton Road
Windsor Locks, CT 06096-1010

TITLE ☒ Delete
NAME SD
STREET ADDRESS BEACH JR, CHESTER P
CITY-ST-ZIP 5 SPRUCE LN
SIMSBURG CT 06089

TITLE ☒ Change ☐ Addition
NAME Treasurer and Director
STREET ADDRESS Thomas Rogan
CITY-ST-ZIP One Hamilton Road
Windsor Locks, CT 06096

TITLE ☒ Delete
NAME T
STREET ADDRESS GEST, JOSEPH S.
CITY-ST-ZIP 12 MONROE LANE
AVON CT 06001

TITLE ☐ Change ☐ Addition
NAME President and Assistant Treasurer
STREET ADDRESS Joseph S. Gest
CITY-ST-ZIP One Hamilton Road
Windsor Locks, CT 06096

TITLE ☒ Delete
NAME AS
STREET ADDRESS NORMAND, STEVEN R.
CITY-ST-ZIP 10 BIRCHWOOD ROAD
ENFIELD CT

TITLE ☒ Change ☐ Addition
NAME Assistant Secretary
STREET ADDRESS William E. Rosenthal
CITY-ST-ZIP One Hamilton Road
Windsor Locks, CT 06096

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Rosenthal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Rosenthal

Date

6/12/00

Daytime Phone #

(860) 654-4314