UNITED TECHNOLOGIES OPTICAL SYSTEMS, INC.       FILE D         Principal Place of Business       Mating Address         State Rody Toy       One Hwatton Rody         Wall EckAN The Dorifolde       Mating Address         Suite, Apt 4, etc.       One Y & State         City & State       One Y & State         Year Address of New Registered Agent       Year Address of New Registered Agent         1 OF DEPOND Trans R SystEm       State Address of New Registered Agent         1 OF DEPOND Trans R SystEm       State Address of New Registered Agent         1 OF DEPOND Trans R SystEm       State Address of New Registered Agent         1 OF DEPOND Trans R SystEm       State Address of New Registered Agent         1 OF D	DOCUMENT # <b>P09994</b>						
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SINT RAD 210 0.000 MOTIVATE IN THIS SPACE 2. Procipies Prace of Business 3. Maling Acdress 4. FEI Monther  0. Mone and Address of Current Registered Agent 4. FEI Monther  1. Octoopportunity 4. Fei Monther  1. Mane  1. Octoopport 4. Fei Monther  1. Mane  1. Octoopport 4. Fei Monther  1. Mane  1. Octoopport 4. Fei Monther  1	Principal Place of Business Mailing Address				00 JUN 13 F	M 12:58	
Suite, Apt. #, etc.         Suite, Apt. #, etc.         Tubel and the suite and address of Current Registered Agent         Do Not WRITE IN THIS SPACE           City & State         City & State         4. FEI Number	STATE ROAD 710         ONE HAMILTON ROAD           P.O. BOX 109660         M.S. 1-3-BC21           W. PALM BEACH FL 33410-6660         WINDSOR LOCKS CT 06096-1		1000		SECRETARY OF	STATE FLORIDA	
City & State       C by & State       4. FEI Number       Oc1165444       AppliedFag         Zip       Country       2ip       Country       2ip       Country       8. Certificate of Status During       Statu	2. Principal Place of Business	3. Mailing Address	Mailing Address				
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Control and Address of Current Registered Agent     C. Name and Address of Current Registered Agent     C. CORPORATION SYSTEM     TO CORPORATIO	City & State	City & State	City & State		FEI Number 06-1165444		_
CT CORPORATION SYSTEM 1200 S. PRIE SLAND ROAD PLANTATION FL 33324     Street Address (PO. Box Number is Not Acceptable)       2: The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Poinda.       SIGNATURE     Express, type: or present and wind indigiting the registered affice or registered agent, or both, in the State of Poinda.       SIGNATURE     Express, type: or present and wind indigiting the registered affice or registered agent, or both, in the State of Poinda.       SIGNATURE     Express, type: or present and wind indigiting the registered affice or registered agent, or both, in the State of Poinda.       SIGNATURE     Express, type: or present and wind indigiting the registered affice or registered agent, or both, in the State of Poinda.       SIGNATURE     FILE NOWI!! FEE IS \$150.00 Make Check Payable to Department of State     Intel Compation Financing that FunderState       11.     CPFICERS AND DIRECTORS     12.     Addition State       12.     CAPFICERS AND DIRECTORS     12.       13.     CPFICERS AND DIRECTORS     12.       14.     CPFICERS AND DIRECTORS     12.       15.     CPFICERS AND DIRECTORS     12.       16.     Decompation Road     10.       17.     CPFICERS AND DIRECTORS     12.       18.     CPFICERS AND DIRECTORS     12.       19.     CHATEAU MARGAUX     The Addits or Locks, CT 06096-1010       10.	Zip Country	Zip	Country	5.			nal
CF CORPORATION SYSTEM     1200 S. PINE ISLAND ROAD     PLANTATION FL 33324     City     Street Address (FLO. Box Number is Not Acceptable)     City     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address (FLO. Box Number is Not Acceptable)     City     Street Address	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered	Agent	
			Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324       1000000000000000000000000000000000000	1200 S. PINE ISLAND ROAD		Street	Address (P.O. )	Box Number is Not Acceptable)		
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City         ****\$50: Dig ****50: Dig ******50: Dig *****50: Dig ****50: Dig ****50: Dig ****50: Dig ****5			د		-06/22/0001	006002	<b>P</b>
A The above named entity submits this statement for the purpose of changing its registered agent, or Doth, in the State of Florida.      SiGNATURE     Sequence, trade or presed name of ingineered agent of the 1 applicable     OVER Pagewore Agent entities			Citv				10
SIGNATURE       Intervalue       Outer Registered Agent structure registered when remetating)       Date         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEL 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 E Added to Fees         11.       OFFICERS AND DIFECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11         TITLE       D       Make Check Payable to Department of State       Scretzary and Director       SC Change Added to Fees         30.       CHI-EXA MARGAUX       STRET ADDRES       12.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11         TITLE       D       Scretzary and Director       SC Change Added to Fees         30.       CHI-EXA MARGAUX       STRET ADDRES       One Bamilton Road       Treasurer and Director       SC Change Added to Fees         STRET ADDRES       SSPRUCE LN       STRET ADDRES       STRET ADDRES       One Hamilton Road       One Hamilton Road         STRET ADDRES       SINSBURG CT 06089       STRET ADDRES       One Hamilton Road       One Hamilton Road         STRET ADDRES       STRET ADDRES       One Hamilton Road       One Hamilton Road       One Hamilton Road         STRET ADDRES       One Hamilto						, [	
Tax filing requirement and elects to do so. (Bee criteria on back)       After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       Intel Evendor Campaigh Financing       S.D.U May E Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         The NAME       D       Image of the control of State       Michael A. Monts       Delete       Michael A. Monts         SIREL ADDRESS       36 CHATEAU MARQAUX       STRET ADDRESS       One Hamilton Road       Image of Added to Fees         The       SU       SUCOMPILLO CT       Image of Added to Fees       Michael A. Monts       Image of Added to Fees         SIREL ADDRESS       SC CHATEAU MARQAUX       STRET ADDRESS       One Hamilton Road       Image of Added to Fees         The       SU       SUCOMPILLO CT       The assure r and Director       Image of Added to Fees         SIREL ADDRESS       SPRUCE IN       STRET ADDRESS       One Hamilton Road       Image of Added to Fees         SIREET ADDRESS       SPRUCE IN       STRET ADDRESS       One Hamilton Road       Image of Add         SIREET ADDRESS       Image of Add       STRET ADDRESS       One Hamilton Road       Image of Add         NAME       STRET ADDRESS       Image of Add       STRET ADDRESS       Image of Add         I	SIGNATURE	nd title if applicable. (NOTE:	Registered Agent sign	ature required when	n reinstating) DATE		
UTLE       D       Xame       KURLAK, RAYMOND P.       Xame       ITTLE       Secretary and Director       Xal Change       Add         NAME       SUREL ADDRESS       36 CHATEAU MARGAUX       STRET ADDRESS       One Hamilton Road       One Hamilton Road       One Hamilton Road       Michael A. Monts       Michael A. Monts       Michael A. Monts       One Hamilton Road       Michael A. Monts       <	Tax filing requirement and elects to do so.	After MAY 1, 200	0 Fee will be	550.00		<b>\$5.00</b> M Added to F	
NAME     KURLAK, RAYMOND P.       STREET ADDRESS     GC (HATEAU MARGAUX       CITY-ST-2IP     BLOOMFIELD CT       NAME     STRET ADDRESS       BLOOMFIELD CT     CITY-ST-2IP       NAME     SD       NAME     SD       SD     SD       STRET ADDRESS     CITY-ST-2IP       NAME     BEACH JR, CHESTER P       SMSBURG CT 06089     CITY-ST-2IP       SMSBURG CT 06089     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINAS     STRET ADDRESS       101     T       STRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINAS     STRET ADDRESS       101     T       STRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINAS     STRET ADDRESS       101     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINASSTRET ADDRESS     CITY-ST-2IP       VINAS     STRET ADDRESS       CITY-ST-2IP     CIT	11. OFFICERS AND	DIRECTORS	12.	A	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	11
STREET ADDRESS CITY-ST-2IP       36 CHATEAU MARGAUX BLOOMFIELD CT       STREET ADDRESS CITY-ST-2IP       One Hamilton Road Windsor Locks, CT 06096=1010         TITLE       SD       Street ADDRESS SSPRUCE LN CITY-ST-2IP       The assure r and Director       Street ADDRESS CITY-ST-2IP       One Hamilton Road Windsor Locks, CT 06096         TITLE       T       Street ADDRESS SSPRUCE LN CITY-ST-2IP       Street ADDRESS SSPRUCE LN SIMSBURG CT 06089       TITLE       Treasurer and Assistant Treasurers       Add Windsor Locks, CT 06096         TITLE       T       Street ADDRESS SIREET ADDRESS       One Hamilton Road Windsor Locks, CT 06096       Add         TITLE       T       Street ADDRESS CITY-ST-2IP       One Hamilton Road Windsor Locks, CT 06096       Add         TITLE       AS       Street ADDRESS CITY-ST-2IP       One Hamilton Road CITY-ST-2IP       One Hamilton Road CITY-ST-2IP       Cone Hamilton Road CITY-ST-2IP       Cone Hamilton Road CITY-ST-2IP       Cone Hamilton Road CITY-ST-2IP       Cone Hamilton Road CITY-ST-2IP       Add         NAME STREET ADDRESS CITY-ST-2IP       NORMAND, STEVEN R. 10 BIRCHWOOD ROAD ENFIELD CT       TITLE       Assistant Secretary       Change Add         NAME STREET ADDRESS CITY-ST-2IP       Change       TITLE       NAME STREET ADDRESS       Change Add         NAME STREET ADDRESS CITY-ST-2IP       Delete       TITLE       NAME STREET ADDRESS       Change Add	TITLE D	X Delete	TITLE	Secret	ary and Director	🛣 Change 🗌	] Addition
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CITY-ST-2P       SINSBURG CT 06089       CITY-ST-2P       Windsor Locks, CT 06096         TITLE       T       Image: City-ST-2P       Windsor Locks, CT 06096         NAME       GEST, JOSEPH S.       Joseph S. Gest         STREET ADDRESS       12 MONROE LANE       STREET ADDRESS         CITY-ST-2P       AVON CT 06001       CITY-ST-2P         Windsor Locks, CT 06096       TITLE         NAME       NORMAND, STEVEN R.         STREET ADDRESS       10 BIRCHWOOD ROAD         CITY-ST-2P       ENFIELD CT         ITTLE       Delete         NAME       NORMAND, STEVEN R.         STREET ADDRESS       10 BIRCHWOOD ROAD         CITY-ST-2P       ENFIELD CT         ITTLE       Delete         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-2P       Change         Add         NAME       STREET ADDRESS         CITY-ST-2P       CITY-ST-2P         Windsor Locks, CT 06096       Change         Add       NAME         STREET ADDRESS       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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CITY-ST-ZIP       CITY-ST-ZIP       Windsor Locks, CT 06096         TITLE       Delete       TITLE       Change       Add         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Add         TITLE       Delete       TITLE       CITY-ST-ZIP       CITY-ST-ZIP       Change       Add         TITLE       Delete       TITLE       Change       Add       Add         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Add         TITLE       Delete       TITLE       Change       Add         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Add         13       Lexeby: contifue that the information supplied with this filing does not qualify for the exemption statert in Section 119 (07/3)(i). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(i). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(ii). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(iii). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(iii). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(iii). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(iiii). Elorida Statutes Literting does not qualify for the exemption statert in Section 119 (07/3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
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13. L baroby cartify 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							
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				]			
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 a meet 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 changed, or on an attachment with an address, with all other like empowered.	indicated on this report or supplemental report is of the corporation or the receiver or trustee empo	true and accurate and that m wered to execute this report a	the exemption s ly signature shal as required by C	ated in Section have the same hapter 607, Flo	n 119.07(3)(i), Florida Statutes. I further cer e legal effect as if made under oath; that I a prida Statutes; and that my name appears in	tify that the prote am an officiator n Block 11 or Blo	Hation Rector ck 12 if