2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11691

Entity Name: HONEYWELL INTERNATIONAL INC.

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	MBIA RD 057 - TAX DI DWN, NJ 079						
Current Mailing Address:				New Mailing Address:			
	MBIA RD 057 - TAX DI DWN, NJ 079						
FEI Number:	22-2640650	FEI Number Applied F	or () FEI Nu	ımber Not Appli	icable ()	Certificate of S	Status Desired ()
Name and	Address of (Current Registered A	gent:	Name and Address of New Registered Agent:			
1201 HAYS		CE COMPANY 012525 US					
The above in the State		submits this statement	for the purpose	of changing it	s registered	office or registe	ered agent, or both,
SIGNATUR							
	Electro	nic Signature of Regist	ered Agent			Date	
Election Cam	paign Financin	g Trust Fund Contribution	n ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO (COTE, DAVID 101 COLUMBI MORRISTOWN	A RD		Title: Name: Address: City-St-Zip:	(()Change ()Add	ition
Title: Name: Address: City-St-Zip:	D (BETHUNE, GO 1600 SMITH S HOUSTON, TX	T., HQS EO		Title: Name: Address: City-St-Zip:	(()Change ()Add	ition
Title: Name: Address: City-St-Zip:	SVCF (ANDERSON, D 101 COLUMBI MORRISTOWN	A RD		Title: Name: Address: City-St-Zip:	(()Change ()Add	ition
Title: Name: Address: City-St-Zip:	VCSD (LARKIN, THOM 101 COLUMBI MORRISTOWN	1/AS F A RD		Title: Name: Address: City-St-Zip:	LARKINS, TH 101 COLUME		lition
Title: Name: Address: City-St-Zip:	SV (KREINDLER, F 101 COLUMBI MORRISTOWN	A RD.		Title: Name: Address: City-St-Zip:	(()Change ()Add	ition
Title: Name: Address: City-St-Zip:	D (BECHERER, H ONE JOHN DE MOLINE, IL 3 ²	ERE PLACE		Title: Name: Address: City-St-Zip:	(()Change ()Add	ition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. LARKINS VPCS 02/10/2005