

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91318 043 ***150.00

DOCUMENT # P16831

1. Entity Name

INTERNATIONAL COMFORT PRODUCTS CORPORATION (USA)

Principal Place of Business

Mailing Address

650 HEIL QUAKER AVENUE
 P.O. BOX 3005
 LEWISBURG TN 37091
 US

650 HEIL QUAKER AVENUE
 P.O. BOX 3005
 LEWISBURG TN 37091
 US

2. Principal Place of Business

CARRIER CORPORATION

TAX DEPT., TR-5

P.O. BOX 4808

SYRACUSE, N.Y. 13221-4808

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

FEI Number

31-1159850

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

FL

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.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLEVY, W. MICHAEL 501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS CAIN, DAVID P 501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCT CLANTON, STEPHEN L 501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HARRELL, FRANCIS C 651 HEIL-QUAKER AVENUE LEWISBURG TN 37091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENNINGSEN, ROBERT C 501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM KLING, HERMAN V 650 HEIL-QUAKER AVENUE LEWISBURG TN 37091	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank Hartman 650 Heil Quaker Ave Lewisburg, TN 37091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & S Robert E. Galli One Carrier Place Farmington, CT 06034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Christopher Witzky One Carrier Place Farmington, CT 06034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Robert N. Hill Carrier Parkway Syracuse, N.Y. 13221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Edward R. Gailing One Financial Plaza Hartford, CT 06101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Hill Assistant Treasurer

Date

Daytime Phone #

CR2E034 (10/00)