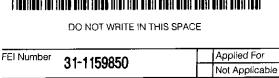
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P16831 1. Entity Name INTERNATIONAL COMFORT PRODUCTS CORPORATION (USA) Principal Place of Business Mailing Address 650 HEIL QUAKER AVENUE 650 HEIL QUAKER AVENUE P.O. BOX 3005 P.O. BOX 3005 LEWISBURG TN 37091 **LEWISBURG TN 37091** US 2. Principal Place of Business **CARRIER CORPORATION** Suite, Apt. #, etc. TAX DEPT., TR-5 **P.O. BOX 4808** City & State FEI Number 31-1159850 SYRACUSE, N.Y. 13221-4808 Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91318 043 ***150.00



\$8.75 Additional

Zip Code

FL

4130/01

<u>Treasurer</u>

Daytime Phone #

Fee Required

OldinitionE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	egistered Agent signatu	re required when rei	instating) E	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			Fee will be \$5	50.00 of State	Election Campaign Financin, Trust Fund Contribution.	☐ Added	May Be
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. FRANKLIN TN 37067	☑ Delete 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS CAIN, DAVID P 501 CORPORATE CENTRE DR., STE. FRANKUN TN 37067	(X) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & S Robert One Car	E. Galli rier Place ton, CT 06034	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCT CLANTON, STEPHEN L 501 CORPORATE CENTRE DR., STE. FRANKLIN TN 37067	200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasur Christo One Car		X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HARRELL, FRANCIS C 651 HEIL-QUAKER AVENUE LEWISBURG TN 37091	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Robert Carrier		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENNINGSEN, ROBERT C 501 CORPORATE CENTRE DR., STE. FRANKLIN TN.37067	200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Edward One Fin	R. Gailing ancial Plaza d. CT 06101	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM KLING, HERMAN V 650 HEIL-QUAKER AVENUE LEWISBURG TN 37091	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nartion	u, CI 00101	☐ Change	☐ 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.							

Robert N. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: