


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P22109</b>	
1. Entity Name UTC CORPORATION	

Principal Place of Business ONE FINANCIAL PLAZA HARTFORD, CT 06103	Mailing Address ONE FINANCIAL PLAZA HARTFORD, CT 06103
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0972188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000750626 05/18/07-80070-007 450.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREGER, LAUREN 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT IDCZAK, CHRISTIAN 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC KOCOT, PETER 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACHSEL, WILLIAM H 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WITZKY, CHRISTPOHER 1 FINANCIAL PLAZA HARTFORD, CT 06101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Despina Zarf **4/4/07** **860 728 7733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #