

1.) CORPORATION NAME:

UNITED TECHNOLOGIES CORPORATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0500779**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREF	250,000,000
COMMON	4,250,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 Financial Plaza

CITY/ST/ZIP: Hartford, CT 06101

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: CHARLES D GILL TITLE: SR VP/GC ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: GREGORY J HAYES TITLE: SR VP/CFO ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS I ROGAN TITLE: VP-TREASURER ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LOUIS R CHENEVERT TITLE: CEO/CHAIRMAN ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER GRABER-LIPPERMAN TITLE: SECRETARY ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN V FARACI TITLE: DIRECTOR ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: JAMIE S GORELICK TITLE: DIRECTOR ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD A KANGAS TITLE: DIRECTOR ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tammi T. Flowers TITLE: ASST SECRETARY ADDRESS: 1 FINANCIAL PLAZA CITY/ST/ZIP/CO: HARTFORD, CT 06101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Tammi T. Flowers SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Tammi T. Flowers, PRINTED NAME AND CORPORATE TITLE	1/16/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		