RI SOS Filing Number: 200810223600 Date: 05/05/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company:
155155	HONEYWELL GLOBAL FINANCE LLC

3. State of formation:	4. Brief description of the character of the business which is actually conducted in Rhode Island:
DELAWARE	CONTRACTING PARTY FOR CREDIT RELATED TRANSACTIONS IN ACS

5. Principal office address	City	State	Zip
101 COLUMBIA ROAD	MORRISTOWN	NJ	07962

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
ANUYA SONKAR	TAX ANALYST

Street Address	City	State	Zip
101 COLUMBIA ROAD	MORRISTOWN	NJ	07962

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
CORPORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD	
Address	City	Zip
SUITE 200	WARWICK	02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

File Date 5-5-08
Check No. 104968
By: MMC
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Paul H Brownstein 10/29/07
Signature of Authorized Person *Date*

Paul H. Brownstein Assistant V.P. - Taxes
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07

22023-2-212849