

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

93 APR -4 AM 11:09

DOCUMENT # **P06039** (2)

1. Corporation Name  
**SIKORSKY PRODUCTS, INC.**

Principal Place of Business	Mailing Address
<b>NORTH MAIN STREET STRATFORD CT 06497-1385</b>	<b>NORTH MAIN STREET STRATFORD CT 06497-1385</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/15/1985</b>	3a. Date of Last Report <b>03/23/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>06-1091610</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLEY, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>6900 MAIN ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STRATFORD CT</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAY, GEORGE C.</b>	2.2 NAME	
STREET ADDRESS	<b>6900 MAIN ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STRATFORD CT</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VCD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUGIE, ROGER M.</b>	3.2 NAME	
STREET ADDRESS	<b>6900 MAIN ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STRATFORD CT</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALCO, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>6900 MAIN ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STRATFORD CT</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROGAN, CHRISTOPHER J</b>	5.2 NAME	
STREET ADDRESS	<b>6900 MAIN STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STRATFORD CT</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISSEY, CAROLINE N</b>	6.2 NAME	<b>ASSISTANT SECRETARY MORRISSEY, CAROLINE N.</b>
STREET ADDRESS	<b>6900 AMIN STREET</b>	6.3 STREET ADDRESS	<b>6900 MAIN STREET</b>
CITY - ST - ZIP	<b>STRATFORD CT</b>	6.4 CITY - ST - ZIP	<b>STRATFORD, CT 06497-9129</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Falco* **J.A. FALCO** (203) 386-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR