

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P06039 (2)

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



Principal Place of Business: NORTH MAIN STREET STRATFORD CT 06497-1385  
Mailing Address: NORTH MAIN STREET STRATFORD CT 06497-1385

3. Date Incorporated or Qualified <b>05/15/1985</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FEI Number <b>06-1091610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 607.0506, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BUCKLEY, EUGENE	1 TITLE	AT DRESSLER, RICHARD M.
NAME	6900 MAIN ST. STRATFORD CT	12 NAME	6900 MAIN STREET STRATFORD, CT.
STREET ADDRESS		13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	VTD KAY, GEORGE C.	2 TITLE	
NAME	6900 MAIN ST. STRATFORD CT	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	VCD BOUGIE, ROGER M.	3 TITLE	
NAME	6900 MAIN ST. STRATFORD CT	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	AT FALCO, JAMES	4 TITLE	
NAME	6900 MAIN ST. STRATFORD CT	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	S BROGAN, CHRISTOPHER J	5 TITLE	
NAME	6900 MAIN STREET STANTFORD CT	52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	AS MORRISSEY, CAROLINE N.	6 TITLE	
NAME	6900 MAIN STREET STRATFORD CT	62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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 119.07(3)(k), 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: *R.M. Dressler* R.M. DRESSLER (203) 386-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)