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FILED

**Feb 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified 05/15/1985	3a. Date of Last Report 04/04/1996
4. FEI Number 06-1091610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLEY, EUGENE	
STREET ADDRESS	6900 MAIN ST. STRATFORD CT	
CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KAY, GEORGE C.	
STREET ADDRESS	6900 MAIN ST. STRATFORD CT	
CITY - ST - ZIP		
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BOUGIE, ROGER M.	
STREET ADDRESS	6900 MAIN ST. STRATFORD CT	
CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DRESSLER, RICHARD M.	
STREET ADDRESS	6900 MAIN STREET STRATFORD CT	
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROGAN, CHRISTOPHER J	
STREET ADDRESS	6900 MAIN STREET STANTFORD CT	
CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MORRISSEY, CAROLINE N.	
STREET ADDRESS	6900 MAIN STREET STRATFORD CT	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE ATTACHED LISTING
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Asst. Treasurer** 2/6/97 (203)386-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**SIKORSKY PRODUCTS, INC.
OFFICERS/DIRECTORS**

Name	Title	Business Address	Director
Eugene Buckley	President	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	X
Dennis Campbell	Executive Vice President- Operations and Engineering	6900 Main Street P.O. Box 9729 Stratford, CT 06497-9129	X
George C. Kay	Vice President and Treasurer	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	X
Roger M. Bougie	Vice President and Counsel	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	X
Christopher J. Brogan	Secretary	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	
Richard M. Dressler	Assistant Treasurer	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	
Caroline N. Morrissey	Assistant Secretary	6900 Main Street P. O. Box 9729 Stratford, CT 06497-9129	