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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90042 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06039

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 6900 Main St	26 Suite, Apt. #, etc. 6900 Main St.
22 City & State S	27 City & State
23 Zip 06615-9129	28 Country
24 Country	29 Zip 06615-9129
25 Country	30 Country

3. Date Incorporated or Qualified 05/15/1985	
4. FEI Number 06-1091610	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLEY, EUGENE	
STREET ADDRESS	6900 MAIN ST.	
CITY-ST-ZIP	STRATFORD CT	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	RIVERS, KEITH R	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT 06497	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BOUGIE, ROGER M.	
STREET ADDRESS	6900 MAIN ST.	
CITY-ST-ZIP	STRATFORD CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BROGAN, CHRISTOPHER J	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STANTFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MORRISSEY, CAROLINE N.	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Stratford, CT 06615-9129	
2.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Stratford, CT 06615-9129	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Stratford, CT 06615-9129	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen M. Hopko	
4.3 STREET ADDRESS	6900 Main St	
4.4 CITY-ST-ZIP	Stratford, CT 06615-9129	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Stratford, CT 06615-9129	
6.1 TITLE	Vice President Finance & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James A. Falco	
6.3 STREET ADDRESS	6900 Main St	
6.4 CITY-ST-ZIP	Stratford, CT 06615-9129	

14. I 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, with all other like empowered.

SIGNATURE: Keith R. Rivers **Keith R. Rivers** 4/1/99 (203) 386-4373
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)

SIKORSKY PRODUCTS, INC.
OFFICERS/DIRECTORS

545421-90042-39
PO6039

Name	Title	Business Address	Director
Eugene Buckley	Chairman and Chief Executive Officer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Dean Borgman	President and Chief Operating Officer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Roger M. Bougie	Vice President and Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
James A. Falco	Vice President - Finance and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Keith R. Rivers	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Caroline N. Morrissey	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Chester Malinowski, Jr.	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Edward R. Gailing	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	