


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90122 049 ***150.00

DOCUMENT # P06039
 1. Entity Name
SIKORSKY PRODUCTS, INC.



Principal Place of Business
**NORTH MAIN STREET
 6900 MAIN ST.
 STRATFORD, CT 06615-9129**

Mailing Address
**NORTH MAIN STREET
 6900 MAIN ST.
 STRATFORD, CT 06615-9129**

14019403



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1091610

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGMAN, DEAN C 6900 MAIN ST. STRATFORD, CT 066159129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STEPHEN N. FINGER 6900 MAIN STREET STRATFORD, CT. 06615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PIERPONT, RICHARD J 6900 MAIN ST STRATFORD, CT 066159129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKO, KATHLEEN M 6900 MAIN STREET STANTFORD, CT 066159129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORRISSEY, CAROLINE N. 6900 MAIN STREET STRATFORD, CT 066159129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HADERLAND, JAY L 6900 MAIN ST STRATFORD, CT 066159129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D PETER F. LONGO 6900 MAIN STREET STRATFORD, CT. 06615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER F. LONGO PETER F. LONGO 4126104 203 386-3869
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment P06039
SIKORSKY PRODUCTS, INC.
OFFICERS/DIRECTORS

14019403

Name	Title	Business Address	Director
Stephen N. Finger	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Vice President and General Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Peter F. Longo	Vice President – Finance and Chief Financial Officer and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Clinton L. Gardiner	Secretary	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	
Jim Van Hoof	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	