


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90381 032 \*\*\*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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 06-1091610	Applied For Not Applicable
Zip	Country	Zip	Country

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINGER, STEPHEN N 6900 MAIN ST. STRATFORD, CT 06615 <input type="checkbox"/> Delete
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	AS MORRISSEY, CAROLINE N. 6900 MAIN STREET STRATFORD, CT 066159129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LONGO, PETER F 6900 MAIN ST STRATFORD, CT 06615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROGAN, CHRISTOPHER 6900 MAIN ST STRATFORD, CT 06615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RICHARD J. PIERPONT 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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: *Felice-Gray Kemp* **FELICE-GRAY KEMP** 9/17/06 203 386-3864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

40061443  
 #P06039

<b>Name Residence Address</b>	<b>Title</b>	<b>ATTACHMENT Business Address</b>	<b>Director</b>
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
Richard J. Pierpont	Vice President - Finance and Chief Financial Officer and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Sonia A. Hollies	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Christopher J. Brogan	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	
James Van Hoof	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Paul Bousquet	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Robert J. Buckley	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Despina Zoef	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Felice Gray-Kemp	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Graham Main	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Michael R. Woznyk	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Jeanne O'Malley	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
James R. Hebert	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	