


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90075 022 \*\*\*150.00

|  |                         |   |  |   |  |
|--|-------------------------|---|--|---|--|
| <b>DOCUMENT # P06039</b>   |                         |   |  |                |  |
| 1. Entity Name<br><b>SIKORSKY PRODUCTS, INC.</b>   |                         |   |  |   |  |
| Principal Place of Business<br><b>NORTH MAIN STREET<br/>6900 MAIN ST.<br/>STRATFORD, CT 06615-9129</b>   |                         |   | Mailing Address<br><b>NORTH MAIN STREET<br/>6900 MAIN ST.<br/>STRATFORD, CT 06615-9129</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                         | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                         | City & State  |  | 4. FEI Number<br><b>06:1091610</b>  |  |
| Zip  |                         | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |                         |   | 7. Name and Address of New Registered Agent  |   |  |
|  |                         |   | Name   |   |  |
|  |                         |   | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|  |                         |   | City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                         |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>  |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |   |  |
| TITLE  | PD                      | <input checked="" type="checkbox"/> Delete  | TITLE  | PD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | FINGER, STEPHEN N       |   | NAME   | <b>PINO, JEFFREY</b>  |  |
| STREET ADDRESS   | 6900 MAIN ST.           |   | STREET ADDRESS   | <b>6900 MAIN STREET</b>   |  |
| CITY-ST-ZIP  | STRATFORD, CT 06615     |   | CITY-ST-ZIP  | <b>STRATFORD, CT 06615</b>  |  |
| TITLE  | VD                      | <input checked="" type="checkbox"/> Delete  | TITLE  | VD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | HOPKO, KATHLEEN M       |   | NAME   | <b>GRABER-LIPPERMAN, PETER</b>  |  |
| STREET ADDRESS   | 6900 MAIN STREET        |   | STREET ADDRESS   | <b>6900 MAIN STREET</b>   |  |
| CITY-ST-ZIP  | STANTFORD, CT 066159129 |   | CITY-ST-ZIP  | <b>STRATFORD, CT 06615</b>  |  |
| TITLE  | AS                      | <input checked="" type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MORRISSEY, CAROLINE N.  |   | NAME   |   |  |
| STREET ADDRESS   | 6900 MAIN STREET        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | STRATFORD, CT 066159129 |   | CITY-ST-ZIP  |   |  |
| TITLE  | VTD                     | <input checked="" type="checkbox"/> Delete  | TITLE  | VTD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | PIERCONT, RICHARD J     |   | NAME   | <b>CASWELL, RICHARD</b>   |  |
| STREET ADDRESS   | 6900 MAIN ST            |   | STREET ADDRESS   | <b>6900 MAIN STREET</b>   |  |
| CITY-ST-ZIP  | STRATFORD, CT 06615     |   | CITY-ST-ZIP  | <b>STRATFORD, CT 06615</b>  |  |
| TITLE  | S                       | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BROGAN, CHRISTOPHER     |   | NAME   |   |  |
| STREET ADDRESS   | 6900 MAIN ST            |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | STRATFORD, CT 06615     |   | CITY-ST-ZIP  |   |  |
| TITLE  | PD                      | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | PINO, JEFFREY           |   | NAME   |   |  |
| STREET ADDRESS   | 6900 MAIN STREET        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | STRATFORD, CT 06615     |   | CITY-ST-ZIP  |   |  |
| 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: <i>Jerry Messhell</i>   |                         | Ass't Secretary <i>JERRY MESHELL</i>  |  | Date <i>4/22/2008</i> Daytime Phone # <i>(203) 386-8734</i>                                     |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                         |   |  |   |  |

40088229



04182008 Chg-P CR2E034 (12/06)

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

**ATTACHMENT**  
40088229  
# P06039

| <b>Name</b>              | <b>Title</b>   | <b>Business Address</b>                                       | <b>Director</b> |
|--------------------------|--|---|-----------------|
| <b>Residence Address</b> |  |   |                 |
| Jeffrey Pino             | President  | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 | X               |
| Peter Graber-Lipperman   | Vice President and General Counsel                                 | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 | X               |
| Richard Caswell          | Vice President – Finance and Chief Financial Officer and Treasurer | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 | X               |
| Elizabeth Christensen    | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |
| Christopher J. Brogan    | Secretary  | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 |                 |
| Elwira Stefens           | Assistant Secretary  | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 |                 |
| Paul Bousquet            | Assistant Secretary  | 1 Financial Plaza<br>Hartford, CT 06101                       |                 |
| Robert J. Buckley        | Assistant Secretary  | 1 Financial Plaza<br>Hartford, CT 06101                       |                 |
| Despina Zoef             | Assistant Secretary  | 1 Financial Plaza<br>Hartford, CT 06101                       |                 |
| Kelly Schmidt            | Assistant Treasurer  | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 |                 |
| Michael R. Woznyk        | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |
| Jeanne Dornstauder       | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |
| James R. Hebert          | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |
| Jerry Meshell            | Assistant Secretary  | 6900 Main Street<br>P.O. Box 9729<br>Stratford, CT 06615-9129 |                 |
| Marc Fafard              | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |
| Robin O'Brien            | Assistant Secretary  | 10 Farm Springs Road<br>Farmington, CT 06032                  |                 |