

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 15, 2009  
Secretary of State**

DOCUMENT# P06039

Entity Name: SIKORSKY PRODUCTS, INC.

**Current Principal Place of Business:**

6900 MAIN STREET  
STRATFORD, CT 066159129 US

**New Principal Place of Business:**

**Current Mailing Address:**

6900 MAIN STREET  
STRATFORD, CT 066159129 US

**New Mailing Address:**

FEI Number: 06-1091610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JEFFREY  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: V ( ) Delete  
Name: PETER  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: V ( ) Delete  
Name: RICHARD  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: S ( ) Delete  
Name: CHRISTOPHER  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PINO, JEFFREY  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: V (X) Change ( ) Addition  
Name: GRABER-LIPPERMAN, PETER  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: V (X) Change ( ) Addition  
Name: CASWELL, RICHARD  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

Title: S (X) Change ( ) Addition  
Name: BROGAN, CHRISTOPHER  
Address: 6900 MAIN STREET  
City-St-Zip: STRATFORD, CT 066159129 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BROGAN

S

07/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date