

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90264 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**

10083751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1091610**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	BORGMAN, DEAN C	
STREET ADDRESS	6900 MAIN ST.	
CITY-ST-ZIP	STRATFORD CT 06615-9129	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PIERPONT, RICHARD J	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT 06615-9129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOPKO, KATHLEEN M	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STANTFORD CT 06615-9129	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MORRISSEY, CAROLINE N.	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD CT 06615-9129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HADERLAND, JAY L	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT 06615-9129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard J. Pierpont* SIGNATURE REQUIRED **RICHARD J. PIERPONT** 3/31/03 (203) 386-7173
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)