

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10067 (7)

1. Corporation Name

SIKORSKY SUPPORT SERVICES, INC.



Principal Place of Business

Mailing Address

6900 MAIN STREET
STRATFORD CT 06497-1385

6900 MAIN STREET
STRATFORD CT 06497-1385

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/12/1986

3a. Date of Last Report
04/04/1995

4. FEI Number

06-1113968

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KAY, GEORGE C	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLEY, EUGENE	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOUGIE, ROGER M.	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWABENBAUER, ALBERT J	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMSON, PAUL M.	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD CT	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FALCO, JAMES A.	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROGAN, CHRISTOPHER J.	
1.3 STREET ADDRESS	6900 MAIN ST.	
1.4 CITY-ST-ZIP	STRATFORD, CT.	
2.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DRESSLER, RICHARD M.	
2.3 STREET ADDRESS	6900 MAIN ST.	
2.4 CITY-ST-ZIP	STRATFORD, CT.	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MONAHAN, EUGENE J.	
3.3 STREET ADDRESS	6900 MAIN ST	
3.4 CITY-ST-ZIP	STRATFORD, CT.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.M. Dressler

R.M. DRESSLER

(203) 386-7660

Date: (Type in Phone #)

CR2E034 (12/95)