

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10067 (7)

1. Corporation Name
SIKORSKY SUPPORT SERVICES, INC.

Principal Place of Business 6900 MAIN STREET STRATFORD CT 06497-1385	Mailing Address 6900 MAIN STREET STRATFORD CT 06497-1385
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/12/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
4. FEI Number 06-1113968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	KAY, GEORGE C 6900 MAIN ST STRATFORD CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President
TITLE PD	BUCKLEY, EUGENE 6900 MAIN ST STRATFORD CT <input type="checkbox"/> DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Michael D. Blake 6900 main st. stratford, CT 06497
TITLE VD	BOUGIE, ROGER M 6900 MAIN ST STRATFORD CT <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Assistant Treasurer/Director Keith R. Rivers 6900 main st. stratford, CT 06497
TITLE V	SCHWABENBAUER, ALBERT J 6900 MAIN ST STRATFORD CT <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Assistant Secretary Eugene J. Monahan 6900 main st stratford, CT 06497
TITLE VP	THOMSON, PAUL M 6900 MAIN STREET STRATFORD CT <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S	BROGAN, CHRISTOPHER J 6900 MAIN STREET STRATFORD CT <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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: *Keith R. Rivers* **Keith R. Rivers Asst. Treasurer (203) 386-7660**

CP2E034 (10/97)