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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90042 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P10067**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

06615-9129

06615-9129

3. Date Incorporated or Qualified

05/12/1986

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 owes the current year Intangible Personal Property Tax. Yes 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
 NAME BLAKE, MICHAEL D
 STREET ADDRESS 6900 MAIN ST
 CITY-ST-ZIP STRATFORD CT 06497

TITLE PD
 NAME BUCKLEY, EUGENE
 STREET ADDRESS 6900 MAIN ST
 CITY-ST-ZIP STRATFORD CT

TITLE VD
 NAME BOUGIE, ROGER M
 STREET ADDRESS 6900 MAIN ST
 CITY-ST-ZIP STRATFORD CT

TITLE ATD
 NAME RIVERS, KEITH R
 STREET ADDRESS 6900 MAIN ST
 CITY-ST-ZIP STRATFORD CT 06497

TITLE VP
 NAME THOMSON, PAUL M
 STREET ADDRESS 6900 MAIN STREET
 CITY-ST-ZIP STRATFORD CT

TITLE S
 NAME BROGAN, CHRISTOPHER J
 STREET ADDRESS 6900 MAIN STREET
 CITY-ST-ZIP STRATFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President/Director Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Stratford, CT 06615-9129

2.1 TITLE Chairman and Chief Executive Officer & Director Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Stratford, CT 06615-9129

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Stratford, CT 06615-9129

4.1 TITLE Assistant Treasurer Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Stratford, CT 06615-9129

5.1 TITLE Vice President Change Addition
 5.2 NAME Kenneth J. Kelly
 5.3 STREET ADDRESS 6900 main st
 5.4 CITY-ST-ZIP Stratford, CT 06615-9129

6.1 TITLE Secretary Change Addition
 6.2 NAME Kathleen M. Hopko
 6.3 STREET ADDRESS 6900 Main St
 6.4 CITY-ST-ZIP Stratford, CT 06615-9129

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, with all other like empowered.

SIGNATURE: *Keith R. Rivers* Keith R. Rivers

4/1/99

(203) 386-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

SIKORSKY SUPPORT SERVICES, INC.
OFFICERS/DIRECTORS

545420-90042-38
P10067

Name	Title	Business Address	Director
Eugene Buckley	Chairman and Chief Executive Officer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Dean Borgman	President and Chief Operating Officer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Roger M. Bougie	Vice President and Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
James A. Falco	Vice President - Finance and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Michael D. Blake	Vice President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Clinton L. Gardiner	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Chester Malinowski, Jr.	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Edward R. Gailing	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Keith R. Rivers	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Kenneth J. Kelly	Vice President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	