

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90124 036 ***150.00

DOCUMENT # P10067

1. Entity Name
SIKORSKY SUPPORT SERVICES, INC.

Principal Place of Business MAIN STREET STRATFORD CT 06615-9129	Mailing Address 6900 MAIN STREET STRATFORD CT 06614-1378
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1113968	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE VPD NAME BLAKE, MICHAEL D STREET ADDRESS 6900 MAIN ST CITY-ST-ZIP STRATFORD CT 06615-9129	<input type="checkbox"/> Delete
TITLE CCEO NAME BUCKLEY, EUGENE STREET ADDRESS 6900 MAIN ST CITY-ST-ZIP STRATFORD CT 06615-9129	<input checked="" type="checkbox"/> Delete
TITLE VD NAME BOUGIE, ROGER M STREET ADDRESS 6900 MAIN ST CITY-ST-ZIP STRATFORD CT 06615-9129	<input checked="" type="checkbox"/> Delete
TITLE AT NAME RIVERS, KEITH R STREET ADDRESS 6900 MAIN ST CITY-ST-ZIP STRATFORD CT 06615-9129	<input checked="" type="checkbox"/> Delete
TITLE VP NAME KELLY, KENNETH J STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD CT 06615-9129	<input type="checkbox"/> Delete
TITLE S NAME HOPKO, KATHLEEN M STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD CT 06615-9129	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SECRETARY NAME CLINTON L. GARDINER STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT. 06615-9129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PRESIDENT / DIRECTOR NAME DEAN C. BORGMAN STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT 06615-9129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VICE PRESIDENT / DIRECTOR NAME JAY L. HABERLAND STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT 06615-9129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ASSISTANT TREASURER NAME ROY P. DION STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT 06615-9129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ASSISTANT SECRETARY NAME EDWARD N. LENNIG STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT. 06615-9129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VICE PRESIDENT / DIRECTOR NAME KATHLEEN M. HOPKO STREET ADDRESS 6900 MAIN STREET CITY-ST-ZIP STRATFORD, CT. 06615-9129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY P. DION **SIGNATURE REQUIRED** AST. TREASURER (203)386-7660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P10067

925865

**SIKORSKY SUPPORT SERVICES, INC.
OFFICERS/DIRECTORS**

Name	Title	Business Address	Director
Dean C. Borgman	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Vice President and Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Jay L. Haberland	Vice President - Finance and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Michael D. Blake	Vice President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Clinton L. Gardiner	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Chester Malinowski, Jr.	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Edward R. Gailing	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Roy P. Dion	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	
Edward N. Lennig	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	