


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 035 ***150.00

DOCUMENT # P10067					
1. Entity Name SIKORSKY SUPPORT SERVICES, INC.					
Principal Place of Business 6900 MAIN STREET STRATFORD, CT 06615-9129		Mailing Address 6900 MAIN STREET STRATFORD, CT 06615-9129			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 06-1113968	
				Applied For Not Applicable	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, DAVID		NAME		
STREET ADDRESS	6900 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	STRATFORD, CT 066159129		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINER, CLINTON L		NAME	Christopher Brogan	
STREET ADDRESS	6900 MAIN ST		STREET ADDRESS	6900 main st.	
CITY-ST-ZIP	STRATFORD, CT 066159129		CITY-ST-ZIP	Stratford, CT 06615-9129	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGER, STEPHEN N		NAME		
STREET ADDRESS	6900 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	STRATFORD, CT 06615		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, PETER F		NAME		
STREET ADDRESS	6900 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	STRATFORD, CT 06615		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKO, KATHLEEN M		NAME		
STREET ADDRESS	6900 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	STRATFORD, CT 066159129		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Felice Gray-Kemp</i>		FELICE GRAY-KEMP		4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT**SIKOLSKY SUPPORT SERVICES INC.
OFFICERS/DIRECTORS**40083316
#P10067

Name	Title	Business Address	Director
Stephen N. Finger	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Vice President and General Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Peter F. Longo	Vice President – Finance and Chief Financial Officer and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
David Adler	Senior Vice President – Worldwide Customer Service	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Christopher Brogan	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
James Van Hoof	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Paul Bousquet	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Robert Buckley	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Sonia Hollies	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Samir B. Mehta	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Felice Gray-Kemp	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Graham Main	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	