


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 021 ***150.00

DOCUMENT # P10067
 1. Entity Name
SIKORSKY SUPPORT SERVICES, INC.




Principal Place of Business Mailing Address
6900 MAIN STREET **6900 MAIN STREET**
STRATFORD, CT 06615-9129 **STRATFORD, CT 06615-9129**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04182008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
06-1113968 Not Applicable
 5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADLER, DAVID 6900 MAIN ST STRATFORD, CT 066159129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINO, JEFFREY 6900 MAIN ST STRATFORD, CT 06615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIERRONT, RICHARD J 6900 MAIN STREET STRATFORD, CT 06615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CASWELL, RICHARD 6900 MAIN STREET STRATFORD, CT 06615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOPKO, KATHLEEN M 6900 MAIN STREET STRATFORD, CT 066159129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRABER-LIPPERMAN, PETER 6900 MAIN STREET STRATFORD, CT 06615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROGAN, CHRISTOPHER 6900 MAIN ST STRATFORD, CT 066159129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerry Messhell* Ass't. Secretary **JERRY MESHELL** 4/22/2008 (203) 386-8734
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

ATTACHMENT
40088230
P10067

Name	Title	Business Address	Director
Jeffrey P. Pino	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Peter Graber-Lipperman	Vice President and General Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Richard Caswell	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	
Marc Fafard	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	
Ginny Kim	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
James Herbert	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Despina Zoef	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Kelly Schmidt	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Michael R. Woznyk	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Jeanne Dornstauder	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Jerry Meshell	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Elizabeth Christensen	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Robin F. O'Brien	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	