

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10067

FILED
Apr 06, 2009
Secretary of State

Entity Name: SIKORSKY SUPPORT SERVICES, INC.

Current Principal Place of Business:

6900 MAIN STREET
STRATFORD, CT 066159129

New Principal Place of Business:

6900 MAIN STREET
STRATFORD, CT 066159129 US

Current Mailing Address:

6900 MAIN STREET
STRATFORD, CT 066159129

New Mailing Address:

6900 MAIN STREET
STRATFORD, CT 066159129 US

FEI Number: 06-1113968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ADLER, DAVID
Address: 6900 MAIN ST
City-St-Zip: STRATFORD, CT 066159129

Title: PD () Delete
Name: PINO, JEFFREY
Address: 6900 MAIN ST
City-St-Zip: STRATFORD, CT 06615

Title: VTD () Delete
Name: CASWELL, RICHARD
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 06615

Title: VPD () Delete
Name: GRABER, PETER L
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 06615

Title: S (X) Delete
Name: BROGAN, CHRISTOPHER
Address: 6900 MAIN ST
City-St-Zip: STRATFORD, CT 066159129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JEFFREY,
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 066159129 US

Title: V (X) Change () Addition
Name: RICHARD,
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 066159129 US

Title: V (X) Change () Addition
Name: PETER,
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 066159129 US

Title: S (X) Change () Addition
Name: CHRISTOPHER,
Address: 6900 MAIN STREET
City-St-Zip: STRATFORD, CT 066159129 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BROGAN

S

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date