


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90381 033 ***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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1113968	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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, 2006 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 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 FINGER, STEPHEN N 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 LONGO, PETER F 6900 MAIN ST STRATFORD, CT 06615 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RICHARD J. PIERPONT 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 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	S BROGUN, CHRISTOPHER 6900 MAIN ST STRATFORD, CT 066159129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Brogan <input checked="" 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: <u>Felice Gray-Kemp</u> FELICE GRAY-KEMP 4/7/06 203 386 7364					

ATTACHMENT
SIKORSKY SUPPORT SERVICES, INC.
OFFICERS/DIRECTORS

40061442
#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
Richard J. Pierpont	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	
James Herbert	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Despina Zoef	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Graham Main	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 O'Malley	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	