

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06039

**FILED  
Apr 16, 2015  
Secretary of State  
CC1186962034**

**Entity Name:** SIKORSKY PRODUCTS, INC.

**Current Principal Place of Business:**

C/O SIKORSKY AIRCRAFT  
6900 MAIN STREET P. O. BOX 9729  
STRATFORD, CT 06615-9129

**Current Mailing Address:**

C/O SIKORSKY AIRCRAFT  
6900 MAIN STREET P. O. BOX 9729  
STRATFORD, CT 06615-9129 US

**FEI Number: 06-1091610**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAURER, MICHAEL B  
Address        C/O SIKORSKY AIRCRAFT  
                  6900 MAIN STREET P. O. BOX 9729  
City-State-Zip: STRATFORD CT 06615-9129

Title            VP, DEPUTY GENERAL COUNSEL,  
                  SECRETARY, DIRECTOR  
Name            BROGAN, CHRISTOPHER J.  
Address        C/O SIKORSKY AIRCRAFT  
                  6900 MAIN STREET P. O. BOX 9729  
City-State-Zip: STRATFORD CT 06615-9129

Title            DIRECTOR  
Name            MULI, RACHEL B  
Address        C/O SIKORSKY AIRCRAFT  
                  6900 MAIN STREET P. O. BOX 9729  
City-State-Zip: STRATFORD CT 06615-9129

Title            DIRECTOR  
Name            MILLER, MARK F.  
Address        C/O SIKORSKY AIRCRAFT  
                  6900 MAIN STREET P. O. BOX 9729  
City-State-Zip: STRATFORD CT 06615-9129

Title            VICE PRESIDENT FINANCE, CFO,  
                  TREASURER  
Name            GALLAGHER, MARY  
Address        C/O SIKORSKY AIRCRAFT  
                  6900 MAIN STREET P. O. BOX 9729  
City-State-Zip: STRATFORD CT 06615-9129

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER J. BROGAN**

**VP, DEPUTY GENERAL      04/16/2015  
COUNSEL, SECRETARY,  
DIRECTOR**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

