

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06039

Entity Name: SIKORSKY PRODUCTS, INC.

Current Principal Place of Business:

6900 MAIN ST
PO BOX 9729
STRATFORD, CT 06615-9129

FILED
Feb 21, 2019
Secretary of State
9172863366CC

Current Mailing Address:

PO BOX 61511
BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406 US

FEI Number: 06-1091610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name ADDONIZIO, GLORIA
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title DIRECTOR
Name VAN BUITEN, CHRISTOPHER
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title ASST. SECRETARY
Name ALLEN, KATHY L
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name BRADDEN, CHANEL M
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name CORDERO, MARITZA
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. TREASURER
Name WHITNEY, RENA H
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name HEYWOOD, DAVID A
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title VP, TREASURER
Name MOLLARD, JOHN W
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

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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: KEVIN F ZENCAK

ASSISTANT SECRETARY 02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, CONTROLLER
Name SHAH, DANIELLE C
Address 6 CORPORATE DR
City-State-Zip: SHELTON CT 06484

Title ASST. SECRETARY
Name FASICK, JEFFREY K
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name KASICA, ANNA
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title ASST. SECRETARY
Name DOSHI SOOD, URVI
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name ZENCAK, KEVIN F
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP, ASST. SECRETARY, GNRL CNSL
Name REH, JOHN M
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title VP, CFO
Name ANDROS, JASON
Address 124 QUARRY RD
City-State-Zip: TRUMBULL CT 06615

Title PRESIDENT
Name BENNETT, I JAY
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title SECRETARY
Name MURPHY, BRENDAN
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615