


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90088 001 \*\*\*150.00

<b>DOCUMENT # F94000006509</b>	
1. Entity Name <b>SIKORSKY AIRCRAFT CORPORATION</b>	

Principal Place of Business <b>6900 MAIN ST STRATFORD, CT 06615-9129</b>	Mailing Address <b>PO BOX 9729 STRATFORD, CT 06615-9129</b>
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**40076150**



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

04102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1407176</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINGER, STEPHEN N 6900 MAIN ST STRATFORD, CT 06615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JEFFREY PINO 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 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	VTD PIERPONT, RICHARD J 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	S BARGAN, CHRISTOPHER 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	<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: Graham A. Main GRAHAM MAIN 4/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
**SIKORSKY AIRCRAFT CORPORATION**  
**OFFICERS/DIRECTORS**

40076150  
 # F94000006509

<b>Name</b>	<b>Title</b>	<b>Business Address</b>	<b>Director</b>
William H. Trachsel		1 Financial Plaza Hartford, CT 06101	X
Jeffrey Pino	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Kathleen M. Hopko	Vice President and General Counsel and Secretary	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
Christopher Brogan	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Paul Bousquet	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Robert Buckley	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Graham Main	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Sonia A. Hollies	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Despina Zoef	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Michael R. Woznyk	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Jeanne Dornstauder	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
James R. Hebert	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	