


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 034 \*\*\*150.00

<b>DOCUMENT # P06039</b> 1. Entity Name <b>SIKORSKY PRODUCTS, INC.</b>					
Principal Place of Business <b>NORTH MAIN STREET 6900 MAIN ST. STRATFORD, CT 06615-9129</b>			Mailing Address <b>NORTH MAIN STREET 6900 MAIN ST. STRATFORD, CT 06615-9129</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>06-1091610</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 ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FINGER, STEPHEN N 6900 MAIN ST. STRATFORD, CT 06615</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY Christopher Brogan 6900 main street Stratford, CT 06615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HOPKO, KATHLEEN M 6900 MAIN STREET STANTFORD, CT 066159129</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MORRISSEY, CAROLINE N. 6900 MAIN STREET STRATFORD, CT 066159129</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LONGO, PETER F 6900 MAIN ST STRATFORD, CT 06615</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Felice M. Gray-Kemp</u>    FELICE GRAY-KEMP    4/20/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

**ATTACHMENT****SEKORSKY PRODUCTS, INC.**  
**OFFICERS/DIRECTORS**40083317  
# 106039

<b>Name</b>	<b>Title</b>	<b>Business Address</b>	<b>Director</b>
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
Peter F. Longo	Vice President – Finance and Chief Financial Officer and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Sonia A. Hollies	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Christopher Brogan	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Caroline N. Morrissey	Assistant 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 J. Buckley	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Felice Gray-Kemp	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Graham Main	Assistant Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	