

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90088 027 \*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>06-1091610</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	VD HOPKO, KATHLEEN M 6900 MAIN STREET STANTFORD, 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	AS MORRISSEY, CAROLINE N. 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	VTD PIERCONT, 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 BROGAN, 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				
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.					
<b>SIGNATURE: <u>Graham A. Main</u>      <u>GRAHAM MAIN</u>      <u>4/10/07</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**SIKORSKY PRODUCTS, INC.****ATTACHMENT**40076148  
#P00039**OFFICERS/DIRECTORS**

<b>Name Residence Address</b>	<b>Title</b>	<b>Business Address</b>	<b>Director</b>
Jeffrey Pino	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
Sonia A. Hollies	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Christopher J. 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	
Paul Bousquet	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
Robert J. Buckley	Assistant Secretary	1 Financial Plaza Hartford, CT 06101	
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 Dornstauder	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
James R. Hebert	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	