

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90075 022 \*\*\*150.00

**DOCUMENT # P06039**

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



Principal Place of Business      Mailing Address

**NORTH MAIN STREET  
 6900 MAIN ST.  
 STRATFORD, CT 06615-9129**

**NORTH MAIN STREET  
 6900 MAIN ST.  
 STRATFORD, CT 06615-9129**

**40088229**



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

04182008      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FINGER, STEPHEN N	
STREET ADDRESS	6900 MAIN ST.	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPKO, KATHLEEN M	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STANTFORD, CT 066159129	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MORRISSEY, CAROLINE N.	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD, CT 066159129	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	PIERCONT, RICHARD J	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROGAN, CHRISTOPHER	
STREET ADDRESS	6900 MAIN ST	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PINO, JEFFREY	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD, CT 06615	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINO, JEFFREY	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABER-LIPPERMAN, PETER	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASWELL, RICHARD	
STREET ADDRESS	6900 MAIN STREET	
CITY-ST-ZIP	STRATFORD, CT 06615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Jerry Messhell* <sup>Ass't</sup> *secretary*      **JERRY MESHELL**      4/22/2008      (203) 386-8734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**SIKORSKY PRODUCTS, INC.**  
**OFFICERS/DIRECTORS**

**ATTACHMENT**

40088229

~~# P06039~~

<b>Name</b>	<b>Title</b>	<b>Business Address</b>	<b>Director</b>
<b>Residence Address</b>			
Jeffrey Pino	President	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Peter Graber-Lipperman	Vice President and General Counsel	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Richard Caswell	Vice President – Finance and Chief Financial Officer and Treasurer	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	X
Elizabeth Christensen	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Christopher J. Brogan	Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Elwira Stefens	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	
Kelly Schmidt	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	
Jerry Meshell	Assistant Secretary	6900 Main Street P.O. Box 9729 Stratford, CT 06615-9129	
Marc Fafard	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	
Robin O'Brien	Assistant Secretary	10 Farm Springs Road Farmington, CT 06032	