

1.) CORPORATION NAME: <b>BELL HELICOPTER TEXTRON INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>7/31/2014</b>  SCC ID NO: <b>F1007832</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 WESTMINSTER ST

CITY/ST/ZIP: PROVIDENCE, RI 02903

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JOHN L GARRISON<br>TITLE: PRES/CEO<br>ADDRESS: 600 EAST HURST BLVD<br>CITY/ST/ZIP/CO: HURST, TX 76053           | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: FELIPE GUMUCIO<br>TITLE: EX VP/CHF LGL/S<br>ADDRESS: 600 EAST HURST BLVD<br>CITY/ST/ZIP/CO: HURST, TX 76053     | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: BRIAN D SWISZCZ<br>TITLE: ASST TREASURER<br>ADDRESS: 40 WEST MINSTER ST<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: ANN T WILLAMAN<br>TITLE: ASST SECRETARY<br>ADDRESS: 40 WESTMINISTER ST<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: AI VETERE<br>TITLE: TREASURER<br>ADDRESS: 3255 BELL HELICOPTER BLVD.<br>CITY/ST/ZIP/CO: FORT WORTH, TX 76118    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRIAN D SWISZCZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN D SWISZCZ, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	6/30/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.