

1.) CORPORATION NAME:

KAMAN INDUSTRIAL TECHNOLOGIES CORPORATION

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1247677**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 VISION WAY

CITY/ST/ZIP: BLOONFIELD, CT 06002

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.

<p>NAME: STEVEN J SMIDLER TITLE: PRESIDENT ADDRESS: 1 VISION WAY CITY/ST/ZIP/CO: BLOONFIELD, CT 06002</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM C DENNINGER TITLE: VP/T ADDRESS: KAMAN CORPORATION 1332 BLUE HILLD AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROGER S JORGENSEN TITLE: SR VP-FINANCE ADDRESS: 1 VISION WAY CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DONALD O. ROLAND TITLE: VICE PRESIDENT ADDRESS: 245 COOPER AVENUE CITY/ST/ZIP/CO: TONAWANDA, NY 14150</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SHAWN G LISLE TITLE: SECRETARY ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NEAL J KEATING TITLE: DIRECTOR ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL A CONLON CONTROLLER 1 VISION WAY BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B LOCKWOOD ASST TREASURER 1332 BLUE HILLS AVENUE BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARMEN RIVERA VICE PRESIDENT 1 VISION WAY BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J PASTORE VICE PRESIDENT 1 VISION WAY BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID H MAYER VICE PRESIDENT 1 VISION WAY BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A GOODRICH VICE PRESIDENT 1332 BLUE HILLS AVENUE BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A WEIHMANN SR VP&GM 2145 BARRETT PARK DRIVE SUITE 101 KENNESAW, GA 30144	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYLE AHLFINGER VP&GN-MINARIK 801 KLEIN ROAD PLANO, TX 75074	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY M BROWN VICE PRESIDENT 44 SENTINEL ROAD WASHINGTON CROSSING, PA 18977	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M CAPUTO VICE PRESIDENT 6330 CORPORATE DRIVE SUITE B INDIANAPOLIS, IN 46278	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY L CLARK VICE PRESIDENT 124A NORTH CONALCO DRIVE JACKSON, TN 38301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GARY J HASELEY TITLE: VP&GM-KITZELLER ADDRESS: 1000 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS R HOLTRY TITLE: VICE PRESIDENT ADDRESS: 1750 SOUTH 4370 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J KELLY TITLE: VICE PRESIDENT ADDRESS: 707 DIRECTORS DRIVE CITY/ST/ZIP/CO: ARLINGTON, TX 76011	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ABRAHAM D SAMARO TITLE: VICE PRESIDENT ADDRESS: 15310 EAST VALLEY BOULEVARD CITY/ST/ZIP/CO: CITY OF INDUSTRY, CA 91746	<input checked="" type="checkbox"/> OFFICER	<input 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/ SHAWN G LISLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWN G LISLE, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/6/2013 DATE
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.		