

1.) CORPORATION NAME:

KAMAN INDUSTRIAL TECHNOLOGIES CORPORATION

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: ROBERT D STARR 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: KYLE AHLFINGER TITLE: VP-STRATEGIC IN ADDRESS: 801 KLEIN ROAD CITY/ST/ZIP/CO: PLANO, TX 75074</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY M BROWN TITLE: VICE PRESIDENT ADDRESS: 44 SENTINEL ROAD CITY/ST/ZIP/CO: WASHINGTON CROSSING, PA 18977</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS M CAPUTO TITLE: VICE PRESIDENT ADDRESS: 6330 CORPORATE DRIVE SUITE B CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY L CLARK TITLE: VICE PRESIDENT ADDRESS: 124A NORTH CONALCO DRIVE CITY/ST/ZIP/CO: JACKSON, TN 38301</p>	<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:	GARY J HASELEY SR VP & GM 1000 UNIVERSITY AVENUE ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R HOLTRY VICE PRESIDENT 1750 SOUTH 4370 SALT LAKE CITY, UT 84104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER S JORGENSEN SR VP-FINANCE 1 VISION WAY BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J KELLY VICE PRESIDENT 707 DIRECTORS DRIVE ARLINGTON, TX 76011	<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:	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:	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:	DONALD O. ROLAND VICE PRESIDENT 245 COOPER AVENUE TONAWANDA, NY 14150	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABRAHAM D SAMARO VICE PRESIDENT 15310 EAST VALLEY BOULEVARD CITY OF INDUSTRY, CA 91746	<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: MICHAEL J. LYON TITLE: ASST TREASURER ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CARL A CONLON TITLE: CONTROLLER ADDRESS: 1 VISION WAY CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SHAWN G LISLE TITLE: SECRETARY ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NEAL J KEATING TITLE: DIRECTOR ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD S SMITH. JR. TITLE: ASST SECRETARY ADDRESS: 1332 BLUE HILLS AVENUE CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<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	3/18/2014 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.		