

1.) CORPORATION NAME:

HAMILTON SUNDSTRAND CORPORATION

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1387473**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000
COMNV	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2730 West Tyvola Road

CITY/ST/ZIP: Charlotte, NC 28217

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: MICHAEL DUMAIS TITLE: P/D ADDRESS: 2730 WEST TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD CASWELL TITLE: VP/CFO/T/D ADDRESS: 2730 WEST TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER CALIO TITLE: VP/GEN COUN/S/D ADDRESS: ONE HAMILTON RD CITY/ST/ZIP/CO: WINDSOR LOCKS, CT 06096</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GINNY KIM TITLE: ASST SECRETARY ADDRESS: ONE HAMILTON ROAD CITY/ST/ZIP/CO: WINDSOR LOCKS, CT 06096-1010</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID PORTER TITLE: VP/CFO/T/D ADDRESS: ONE HAMILTON RD CITY/ST/ZIP/CO: WINDSOR LOCKS, CT 06096</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT A COTTRILL TITLE: DIRECTOR ADDRESS: 2730 WEST TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SARAH DAVID TITLE: DIRECTOR ADDRESS: 2730 WEST TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CURTIS C REUSSER TITLE: DIRECTOR ADDRESS: 2730 WEST TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ GINNY KIM	GINNY KIM, ASST SECRETARY	12/4/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.