

1.) CORPORATION NAME:

**AgustaWestland North America, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY M LEPON  
7029-K HAYCOCK ROAD  
FALLS CHURCH, VA**

SCC ID NO: **F1656885**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2345 CRYSTAL DRIVE  
SUITE 906

CITY/ST/ZIP: ARLINGTON, VA 22206

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.

NAME:	JEFFREY M LEPON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 906		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	GRAHAM COLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 906		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	CHARLES HOLLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 906		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	GEOFFREY HOON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 906		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	ROBERT MAGNUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 906		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		

NAME: JAMES PILLSBURY TITLE: DIRECTOR ADDRESS: 2345 CRYSTAL DRIVE SUITE 906 CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DANIELE ROMITI TITLE: DIRECTOR ADDRESS: 2345 CRYSTAL DRIVE SUITE 906 CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT LABELLE TITLE: CHAIRMAN & CEO ADDRESS: 2345 CRYSTAL DRIVE SUITE 906 CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<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/ JEFFREY M LEPON	JEFFREY M LEPON, SECRETARY	1/11/2014
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.		