2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#820226

Entity Name: TEXTRON FINANCIAL CORPORATION

FILED Mar 21, 2009 Secretary of State

40 WESTMINSTER STREET PROVIDENCE, RI 02903				New Principal Place of Business: New Mailing Address:	
40 WESTMINSTER STREET					
PROVIDENCE, RI 02903					
FEI Number: 05-6008768 FEI Number Applied For () FEI Number			El Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LOVEJOY, MAR 40 WESTMINST PROVIDENCE, F	ER ST.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LOVEJOY, MARY 40 WESTMINSTER ST. PROVIDENCE, RI 02903	
Title: Name: Address: City-St-Zip:	DCEO () FRENCH, THEO 40 WESTMINIST PROVIDENCE, F	ER STREET	Title: Name: Address: City-St-Zip:	DCEO (X) Change () Addition FRENCH, THEODORE 40 WESTMINSTER ST. PROVIDENCE, RI 02903	
Title: Name: Address: City-St-Zip:	PCOO () CARTER, BUELI 40 WESTMINST PROVIDENCE, F	ER ST	Title: Name: Address: City-St-Zip:	DCOO (X) Change () Addition CARTER, BUELL JR. J 40 WESTMINSTER ST PROVIDENCE, RI 02903	
Title: Name: Address: City-St-Zip:	EVP () KUHLMEYER, M 40 WESTMINST PROVIDENCE, F	ER ST	Title: Name: Address: City-St-Zip:	VCFO (X) Change () Addition CULLEN, THOMAS 40 WESTMINSTER ST PROVIDENCE, RI 02903	
Title: Name: Address: City-St-Zip:	SVPT () LYNN, BRIAN F 40 WESTMINST PROVIDENCE, F		Title: Name: Address: City-St-Zip:	SVPT (X) Change () Addition LYNN, BRIAN 40 WESTMINSTER ST PROVIDENCE, RI 02903	
Title: Name:	EVPS () PERKINS, ELIZA	Delete ABETH C	Title: Name:	EVPS (X) Change () Addition PERKINS, ELIZABETH GC	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MANDELINE HENDRICKS POA 03/21/2009

40 WESTMINISTER STREET

PROVIDENCE, RI 02903

Address:

City-St-Zip:

40 WESTMINISTER STREET

PROVIDENCE, RI 02903