

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820226

FILED
Mar 21, 2011
Secretary of State

Entity Name: TEXTRON FINANCIAL CORPORATION

Current Principal Place of Business:

40 WESTMINSTER ST.
PROVIDENCE, RI 02903

New Principal Place of Business:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

Current Mailing Address:

40 WESTMINSTER ST.
PROVIDENCE, RI 02903

New Mailing Address:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

FEI Number: 05-6008768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: CURRAN, JOHN R
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: PD
Name: BUTERA, ANGELO M
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: SEC
Name: PERKINS, ELIZABETH
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: CFOD
Name: YATES, RICHARD L
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: PD
Name: KLOPFER, JOHN D
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: DIR
Name: LOVEJOY, MARY F
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date