2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852919

FILED
Apr 15, 2008
Secretary of State

Entity Name: BELL HELICOPTER TEXTRON INC.

Current Principal Place of Business:	**New Principal Place of Business:**
C/O TEXTRON INC. 40 WESTMINSTER ST PROVIDENCE, RI 02903	40 WESTMINSTER ST PROVIDENCE, RI 02903

Current Mailing Address:	**New Mailing Address:**
C/O TEXTRON INC. 40 WESTMINSTER ST PROVIDENCE, RI 02903	40 WESTMINSTER ST PROVIDENCE, RI 02903

FEI Number: 05-0393946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CT CORPORATION SYSTEMS 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US	

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	EVP	( ) Delete
Name:	SHABAY, PAUL D	
Address:	600 EAST HURST BOULEVARD	
City-St-Zip:	HURST, TX 76053	
Title:	SVP	( ) Delete
Name:	BATTLES, ROY A	
Address:	600 EAST HURST BOULEVARD	
City-St-Zip:	HURST, TX 76053	
Title:	CFO	( ) Delete
Name:	VIOTTO, ANTHONY A	
Address:	600 EAST HURST BOULEVARD	
City-St-Zip:	HURST, TX 76053	
Title:	EVP	( ) Delete
Name:	BEAN, JOHN L	
Address:	600 EAST HURST BOULEVARD	
City-St-Zip:	HURST, TX 76053	
Title:	AT	( ) Delete
Name:	ELMER, PATRICIA L	
Address:	40 WESTMINSTER ST	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	CEO	( ) Delete
Name:	MILLMAN, RICHARD J	
Address:	201 LOWELL STREET	
City-St-Zip:	WILMINGTON, MA 01887	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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.

SIGNATURE: PATRICIA L ELMER AT 04/15/2008

Electronic Signature of Signing Officer or Director Date