

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854191

FILED
Jan 21, 2008
Secretary of State

Entity Name: KAMAN AEROSPACE CORPORATION

Current Principal Place of Business:

BLUE HILLS AVE
1332 BLUE HILLS AVENUE
BLOOMFIELD, CT 06002 US

New Principal Place of Business:

Current Mailing Address:

1332 BLUE HILLS AVE
C/O CANDACE A. CLARK
BLOOMFIELD, CT 06002 US

New Mailing Address:

FEI Number: 06-0858386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KUHN, PAUL R
Address: 1332 BLUE HILLS AVENUE
City-St-Zip: BLOOMFIELD, CT 06002

Title: DVPT () Delete
Name: GARNEAU, ROBERT M
Address: 1332 BLUE HILLS AVE
City-St-Zip: BLOOMFIELD, CT 06002

Title: O () Delete
Name: LARWOOD, JAMES C JR.
Address: 1332 BLUE HILLS AVE
City-St-Zip: BLOOMFIELD, CT 06002

Title: S () Delete
Name: CLARK, CANDACE A
Address: 1332 BLUE HILLS AVENUE
City-St-Zip: BLOOMFIELD, CT 06002

Title: O () Delete
Name: BORDONARO, SALVATORE S
Address: 1095 DAY HILL ROAD
City-St-Zip: WINDSOR, CT 06095

Title: O () Delete
Name: KANASKIE, ROBERT J
Address: 9410 PARKER AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KEATING, NEAL J
Address: 5057 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: CANDACE A. CLARK

S

01/21/2008

Electronic Signature of Signing Officer or Director

Date