

12/10/2014 12:02:27 From: To: 8506176381

(1/6)

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 876-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

TRU Simulation + Training Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

FILED
14 DEC 10 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
14 DEC 10 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRU Simulation + Training Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ann T. Willaman

Name of Person

Textron Inc.

Firm/Company

40 Westminster Street

Address

Providence, RI 02903

City/State and Zip code

awillaman@textron.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann T. Willaman

at (401) 457-2367

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
14 DEC 10 AM 11:20

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TRU Simulation + Training Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 46-5273310
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 1, 2014 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. (business will not be transacted in Florida until January 4, 2015)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 Alliance Drive, Goose Creek, South Carolina 29445
(Principal office address)

(same as above)
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By: [Signature]
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: (see attached Exhibit A)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: (see Exhibit A)

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ann T. Willaman, Secretary _____

(Typed or printed name and capacity of person signing application)

Exhibit A

TRU SIMULATION + TRAINING INC.

(as of December 9, 2014)

Board of Directors

John R. Curran	Director	40 Westminster Street Providence, Rhode Island 02903
Mary F. Lovejoy	Director	40 Westminster Street Providence, Rhode Island 02903
E. Robert Lupone	Director	40 Westminster Street Providence, Rhode Island 02903
James R. Takats	Director	5 Alliance Drive Goose Creek, South Carolina 29445

Officers

Mark G. Budd	Chief Technology Officer	1827 Northpointe Parkway Lutz, Florida 33558
James C. Cournoyer	Assistant Treasurer	40 Westminster Street Providence, Rhode Island 02903
Kyle Crooks	Vice President and General Manager, Mission & Maintenance Training	5 Alliance Drive Goose Creek, South Carolina 29445
Patricia L. Elmer	Vice President – Tax	40 Westminster Street Providence, Rhode Island 02903
Troy Fey	Vice President and General Manager, Business & Military Simulation	1827 Northpointe Parkway Lutz, Florida 33558
Diane Giuliani	Senior Vice President and General Manager, Training Centers & Services	5 Alliance Drive Goose Creek, South Carolina 29445
Christopher I. Johnson	Assistant Treasurer	40 Westminster Street Providence, Rhode Island 02903
George Karam	Vice President and General Manager, Air Transport Simulation	6767 Côte-de-Liesse St. Laurent, Québec, Canada H4T 1E5
Mary F. Lovejoy	Vice President and Treasurer	40 Westminster Street Providence, Rhode Island 02903
Andy Morris	Vice President – Business Development	5 Alliance Drive Goose Creek, South Carolina 29445
Jodi Noah	Chief Financial Officer	5 Alliance Drive Goose Creek, South Carolina 29445
Elizabeth C. Perkins	Vice President	40 Westminster Street Providence, Rhode Island 02903
Brian D. Swiszc2	Assistant Treasurer	40 Westminster Street Providence, Rhode Island 02903
James R. Takats	President and Chief Executive Officer	5 Alliance Drive Goose Creek, South Carolina 29445
Ann T. Willaman	Secretary	40 Westminster Street Providence, Rhode Island 02903

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRU SIMULATION + TRAINING INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5503661 8300

141513084

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1942274

DATE: 12-10-14