

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F01000003290

**FILED**  
**Aug 19, 2010**  
**Secretary of State**

**Entity Name:** ROCKWELL COLLINS, INC.

**Current Principal Place of Business:**

400 COLLINS ROAD N.E.  
CEDAR RAPIDS, IA 52498

**New Principal Place of Business:**

**Current Mailing Address:**

400 COLLINS ROAD NE  
M/S 124-323  
CEDAR RAPIDS, IA 52498

**New Mailing Address:**

**FEI Number:** 52-2314475

**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:** PCEO  
**Name:** JONES, CLAYTON M  
**Address:** 400 COLLINS ROAD N.E.  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

**Title:** VCFO  
**Name:** ALLEN, PATRICK E  
**Address:** 400 COLLINS ROAD N.E.  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

**Title:** AS  
**Name:** KLOPFENSTEIN, VAUGHN M  
**Address:** 400 COLLINS RD NE  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

**Title:** T  
**Name:** ROKOS, DAVID S  
**Address:** 400 COLLINS RD NE  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

**Title:** VS  
**Name:** CHADICK, GARY R  
**Address:** 400 COLLINS ROAD N.E.  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

**Title:** EVP  
**Name:** CHURCHILL, GREGORY S  
**Address:** 400 COLLINS ROAD N.E.  
**City-St-Zip:** CEDAR RAPIDS, IA 52498

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:** VAUGHN M KLOPFENSTEIN

AS

08/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date