

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000003290

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 52-2314475

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**Officer/Director Detail :**

Title PCEO  
Name ORTBERG, ROBERT K  
Address 400 COLLINS ROAD N.E.  
City-State-Zip: CEDAR RAPIDS IA 52498

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

Title AS  
Name KLOPFENSTEIN, VAUGHN M  
Address 400 COLLINS RD N.E.  
City-State-Zip: CEDAR RAPIDS IA 52498

Title T  
Name STENSKE, DOUGLAS E  
Address 400 COLLINS RD NE  
City-State-Zip: CEDAR RAPIDS IA 52498

Title VS  
Name PERNA, ROBERT J.  
Address 400 COLLINS ROAD N.E.  
City-State-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

**ASSISTANT SECRETARY** 05/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date