

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