

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001595

Entity Name: ROCKWELL AUTOMATION, INC.**Current Principal Place of Business:**1201 SOUTH 2ND STREET
E-7F19
MILWAUKEE, WI 53204**Current Mailing Address:**1201 SOUTH 2ND STREET
E-7F19
MILWAUKEE, WI 53204 US**FEI Number:** 25-1797617**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 NOSBUSCH, KEITH D
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title SEC
Name HAGERMAN, DOUGLAS M
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title TVP
Name ETZEL, STEVEN W
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title AS
Name BALISTRERI, KAREN A
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title D
Name JOHNSON, BARRY CPHD
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title D
Name MC CORMICK, WILLIAM TJR.
Address 1201 S 2ND ST., E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name ALEWINE, BETTY C.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name HOLLOMAN, JAMES P.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

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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: KAREN A. BALISTRERI

ASSISTANT SECRETARY 04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ISTOCK, VERNE G.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name KEANE, JAMES P.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name PARFET, DONALD R.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title VP
Name CRANDALL, THEODORE D.
Address 1201 SOUTH 2ND STREET
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City-State-Zip: MILWAUKEE WI 53204

Title VP
Name KULASZEWICZ, FRANK C.
Address 1201 SOUTH 2ND STREET
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Title VP
Name MORET, BLAKE D.
Address 1201 SOUTH 2ND STREET
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Title VP
Name SCHMITT, SUSAN J.
Address 1201 SOUTH 2ND STREET
E-7F19
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Title VP
Name MCDERMOTT, JOHN P.
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name KALMANSON, STEVEN R.
Address 1201 SOUTH 2ND STREET
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Title DIRECTOR
Name KINGSLEY, LAWRENCE D.
Address 1201 SOUTH 2ND STREET
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Title VP
Name CHAND, SUJEET
Address 1201 SOUTH 2ND STREET
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Title VP
Name DORGAN, DAVID M.
Address 1201 SOUTH 2ND STREET
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Title VP
Name MILLER, JOHN M.
Address 1201 SOUTH 2ND STREET
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City-State-Zip: MILWAUKEE WI 53204

Title VP
Name ROHR-DRALLE, RONDI
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204

Title VP
Name THOMAS, MARTIN
Address 1201 SOUTH 2ND STREET
E-7F19
City-State-Zip: MILWAUKEE WI 53204