

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001595

Entity Name: ROCKWELL AUTOMATION, INC.**Current Principal Place of Business:**1201 S. 2ND STREET
MILWAUKEE, WI 53204**Current Mailing Address:**1201 S. 2ND STREET
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 PRESIDENT, CEO, CHAIRMAN
Name NOSBUSCH, KEITH
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title TREASURER, VP
Name ETZEL, STEVEN
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title SECRETARY, SVP
Name HAGERMAN, DOUGLAS
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name HOLLOMAN, J. PHILLIP
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name JOHNSON, BARRY
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name KALMANSON, STEVEN
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name KEANE, JAMES
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name KINGSLEY, LAWRENCE
Address 1201 S. 2ND STREET
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 BALISTRERI**ASSISTANT SECRETARY** 04/13/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCORMICK, WILLIAM
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name ALEWINE, BETTY
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name PAYNE, LISA A.
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name PARFET, DONALD
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name ISTOCK, VERNE
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204

Title ASST. SECRETARY
Name BALISTRERI, KAREN
Address 1201 S. 2ND STREET
City-State-Zip: MILWAUKEE WI 53204