# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# F01000003290

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: V ( ) Delete
Name: STATLER, KENT L
Address: 400 COLLINS ROAD N.E.
City-St-Zip: CEDAR RAPIDS, IA 52498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ROKOS, DAVID S
Address: 400 COLLINS RD NE
City-St-Zip: CEDAR RAPIDS, IA 52498

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VAUGHN M. KLOPFENSTEIN AS 04/23/2009

Electronic Signature of Signing Officer or Director — Date