

1.) CORPORATION NAME:

Motorola Solutions, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0266066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREFER	500,000
COMMON	4,200,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1303 East Algonquin Road

CITY/ST/ZIP: Schaumburg, IL 60196

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GREGORY Q. BROWN TITLE: PRESIDENT ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JANET M. RILEY TITLE: VICE PRESIDENT ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LARRY R. RAYMOND TITLE: TREASURER ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LEWIS STEVERSON TITLE: SECRETARY ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM BRATTON TITLE: DIRECTOR ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH DAHLBERG TITLE: DIRECTOR ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DAVID W. DORMAN TITLE: DIRECTOR ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL HAYDEN TITLE: DIRECTOR ADDRESS: 1303 EAST ALGONQUIN ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JANET M. RILEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANET M. RILEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/26/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.