

1.) CORPORATION NAME:

Rockwell Automation, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1267071**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000,000
COMA	100,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1201 SOUTH SECOND ST E-7F19

CITY/ST/ZIP: MILWAUKEE, WI 53204

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.

<p>NAME: KEITH D NOSBUSCH TITLE: PRES/CEO/CHRMN ADDRESS: 1201 SOUTH 2ND ST E-7F19 CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KENT G COPPINS TITLE: VP/GNR TAX COUN ADDRESS: 1201 S 2ND ST E-7F19 CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THEODORE D CRANDALL TITLE: CFO/SR VP ADDRESS: 1201 S 2ND ST E-7F19 CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID M DORGAN TITLE: VP/CONT ADDRESS: 1201 S 2ND ST E-7F19 CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M. MILLER TITLE: VICE PRESIDENT ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RONDI ROHR-DRALLE TITLE: VICE PRESIDENT ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. LAWRENCE STUEVER VICE PRESIDENT 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS M. HAGERMAN SECRETARY 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN A BALISTRERI ASST SECRETARY 1201 S 2ND ST E-7F19 MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN W. ETZEL TREASURER 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUJEET CHAND SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A. EISENBROWN SVP 1 ALLEN-BRADLEY DRIVE MAYFIELD HEIGHTS, OH 44124	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK C. KULASZEWICZ SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. MCDERMOTT SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BLAKE D. MORET SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A. RUFF SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN J. SCHMITT SVP 1201 S. 2ND STREET MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARTIN THOMAS TITLE: SVP ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETTY C. ALEWINE TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VERNE G. ISTOCK TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY C. JOHNSON, PH.D. TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN R. KALMANSON TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES P. KEANE TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM T. MCCORMICK, JR. TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD R. PARFET TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID B. SPEER TITLE: DIRECTOR ADDRESS: 1201 S. 2ND STREET CITY/ST/ZIP/CO: MILWAUKEE, WI 53204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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/ KAREN A BALISTRERI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN A BALISTRERI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/2/2012 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.