

1.) CORPORATION NAME:

Rockwell Collins Control Technologies, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **4/30/2011**

SCC ID NO: **F1451246**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3721 MACINTOSH DR
VINT HILL TECH PARK

CITY/ST/ZIP: WARRENTON, VA 20187-

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: | ROBERT K ORTBERG | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 400 COLLINS RD NE | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52498- | | |
| NAME: | GARY R CHADICK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VP/S | | |
| ADDRESS: | 400 COLLINS RD NE | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52498- | | |
| NAME: | PATRICK E ALLEN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 400 COLLINS RD NE | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52498- | | |
| NAME: | RONALD R. HORNISH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 400 COLLINS ROAD NE | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52498- | | |
| NAME: | MARSHA A. SCHULTE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 400 COLLINS ROAD NE | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52498- | | |

| | |
|--|---|
| NAME: DOUGLAS E. STENSKE TITLE: TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: PAUL M. COE TITLE: ASST SECRETARY ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: THOMAS G. MANOR TITLE: ASST SECRETARY ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: PATRICIA A. NEMETH TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: THOMAS J. STANCZYK TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: VAUGHN M KLOPFENSTEIN TITLE: ASST SECRETARY ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498- | <input checked="" type="checkbox"/> OFFICER <input 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/ VAUGHN M KLOPFENSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | VAUGHN M KLOPFENSTEIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE |
| | 4/12/2011 DATE |
| 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. | |