

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213517635

1.) CORPORATION NAME:

**Rockwell Collins Control Technologies, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1451246**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

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: PHILIP J. JASPER  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 400 COLLINS RD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: GARY R CHADICK  OFFICER  DIRECTOR  
TITLE: VP/S  
ADDRESS: 400 COLLINS RD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: DAVID J. NIEUWSMA  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 400 COLLINS ROAD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: MARSHA A. SCHULTE  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 400 COLLINS ROAD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: PATRICIA A. NEMETH  OFFICER  DIRECTOR  
TITLE: ASST TREASURER  
ADDRESS: 400 COLLINS ROAD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: THOMAS J. STANCZYK  OFFICER  DIRECTOR  
TITLE: ASST TREASURER  
ADDRESS: 400 COLLINS ROAD NE  
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS E. STENSKE TREASURER 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL M. COE ASST SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VAUGHN M KLOPFENSTEIN ASST SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G. MANOR ASST SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK E ALLEN DIRECTOR 400 COLLINS RD NE CEDAR RAPIDS, IA 52498	<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/ VAUGHN M KLOPFENSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VAUGHN M KLOPFENSTEIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE			4/12/2013 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.					