

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214519377

1.) CORPORATION NAME:

Rockwell Collins Control Technologies, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	PHILIP J. JASPER	<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:	VAUGHN M KLOPFENSTEIN	<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:	DAVID C. NIEUWSMA	<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:	TATUM J. BUSE	<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:	PATRICIA A. NEMETH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498		

NAME:	THOMAS J. STANCZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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:	JOSHUA A. MULLIN 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, VP/S PRINTED NAME AND CORPORATE TITLE	4/15/2014 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.			