

1.) CORPORATION NAME:

Rockwell Collins, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1480583**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000,000
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: 400 COLLINS RD NE

CITY/ST/ZIP: CEDAR RAPIDS, IA 52498

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:	CLAYTON M JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	400 COLLINS RD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498		
NAME:	PATRICK E ALLEN	<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:	ROBERT K ORTBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/COO		
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:	VAUGHN M KLOPFENSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498		
NAME:	DONALD R. BEALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	M/S 124-323 CEDAR RAPIDS, IA 52498		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS A. DAVIS DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH E. EBERHART DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LILLEY DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J. POLICANO DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL L. SHAVERS DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J. CARBONE DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L. TURNER DIRECTOR 400 COLLINS ROAD NE M/S 124-323 CEDAR RAPIDS, IA 52498	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY S. CHURCHILL VICE PRESIDENT 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT L. STATLER VICE PRESIDENT 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY R. CHADICK SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	DOUGLAS E. STENSKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498		

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.

<u>/s/ VAUGHN M KLOPFENSTEIN</u>	<u>VAUGHN M KLOPFENSTEIN, ASST</u>	<u>8/31/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.