

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213525531

1.) CORPORATION NAME:

WOODWARD GOVERNOR COMPANY

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1548116**

5.) STOCK INFORMATION

CLASS AUTHORIZED

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 E DRAKE ROAD

CITY/ST/ZIP: FT COLLINS, CO 80525

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: THOMAS A GENDRON OFFICER DIRECTOR
TITLE: P/CEO/CHM OF BD
ADDRESS: 1000 EAST DRAKE ROAD
CITY/ST/ZIP/CO: FORT COLLINS, CO 80525

NAME: MARTIN V GLASS OFFICER DIRECTOR
TITLE: PRES-AIRFRAME
ADDRESS: 7320 NORTH LINDER AVE
CITY/ST/ZIP/CO: SKOKIE, IL 60077

NAME: SAGAR A PATEL OFFICER DIRECTOR
TITLE: P-AIRCFT TURBN
ADDRESS: 5001 NORTH SECOND STREET
CITY/ST/ZIP/CO: LOVES PARK, IL 61111

NAME: CHAD R PREISS OFFICER DIRECTOR
TITLE: PRES-ENG SYS
ADDRESS: 3800 NORTH WILSON AVENUE
CITY/ST/ZIP/CO: LOVELAND, CO 80538

NAME: JAMES D RUDOLPH OFFICER DIRECTOR
TITLE: P-IND TURBO M
ADDRESS: 1000 EAST DRAKE ROAD
CITY/ST/ZIP/CO: FORT COLLINS, CO 80525

NAME: HARLAN G BARKLEY OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 5001 NORTH SECOND STREET
CITY/ST/ZIP/CO: LOVES PARK, IL 61111

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A CHRSTOPHER FAWZY VP/GC/S/CCO 1000 E DRAKE RD FORT COLLINS, CO 80525	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN J MEYER VICE PRESIDENT 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW F TAYLOR VICE PRESIDENT 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F WEBER JR CFO/T 1000 EAST DRAKE RD FOR COLLINS, CO 80525	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D COHN DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL DONOVAN DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A HALBROOK DIRECTOR 1000 EAST DRAKE RD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY L PETROVICH DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY E RITTENBERG DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R RULSEH DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. RONALD M SEGA DIRECTOR 1000 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GREGG C SENGSTACK TITLE: DIRECTOR ADDRESS: 1001 EAST DRAKE ROAD CITY/ST/ZIP/CO: FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL T YONKER TITLE: DIRECTOR ADDRESS: 1000 EAST DRAKE ROAD CITY/ST/ZIP/CO: FORT COLLINS, CO 80525	<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/ JAMES D RUDOLPH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES D RUDOLPH, P-IND TURBO M PRINTED NAME AND CORPORATE TITLE	5/30/2013 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.		