

1.) CORPORATION NAME:

Rockwell Collins Flight Services, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1850710**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2925 BRIARPARK DR
7TH FLR

CITY/ST/ZIP: HOUSTON, TX 77042-

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:	MARSHA SCHULTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 COLLINS RD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498-		
NAME:	PAUL COE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	400 COLLINS RD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498-		
NAME:	KENT STATLER	<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:	CHADICK GARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
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 ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52498-		

NAME: DOUGLAS E. STENSKE TITLE: VP/TREAS ADDRESS: 400 COLLINS RD 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
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: 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: 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
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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>VAUGHN M. KLOPFENSTEIN,</u> ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
<u>2/25/2012</u> 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.	