

1.) CORPORATION NAME:

Rockwell Collins Flight Services, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1850710**

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:	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:	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:	DOUGLAS E. STENSKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
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:	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:	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: 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:	PATRICIA A. NEMETH ASST 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:	THOMAS J. STANCZYK ASST 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:	PATRICK E. ALLEN DIRECTOR 400 COLLINS ROAD 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	8/31/2012 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.					