

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212506757

1.) CORPORATION NAME:

Rockwell Collins Satellite Communications Systems, Inc.

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

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

SCC ID NO: **F1851114**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2205 NORTHMONT PARKWAY, SUITE 100

CITY/ST/ZIP: DULUTH, GA 30096-

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: GARY R. CHADICK
TITLE: SECRETARY
ADDRESS: 400 COLLINS ROAD NE
M/S 124-323
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498-

OFFICER

DIRECTOR

NAME: PATRICK E. ALLEN
TITLE: DIRECTOR
ADDRESS: 400 COLLINS ROAD NE
M/S 124-318
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498-

OFFICER

DIRECTOR

NAME: ROBERT KELLY ORTBERG
TITLE: PRESIDENT
ADDRESS: 400 COLLINS ROAD NE
M/S 120-102
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498-

OFFICER

DIRECTOR

NAME: DOUGLAS E. STENSKE
TITLE: TREASURER
ADDRESS: 400 COLLINS ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498-

OFFICER

DIRECTOR

NAME: MARSHA A. SCHULTE
TITLE: VICE PRESIDENT
ADDRESS: 400 COLLINS ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498-

OFFICER

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
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NAME: PAUL M. COE 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
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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
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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
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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
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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, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/25/2012</u> DATE
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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.