

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215525263

1.) CORPORATION NAME:

Rockwell Collins Satellite Communications Systems, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:	PHILIP J. JASPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	M/S 120-102 CEDAR RAPIDS, IA 52498		
NAME:	TATUM J. BUSE	<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:	PATRICIA A. NEMETH	<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:	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:	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		
NAME:	VAUGHN M. KLOPFENSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	400 COLLINS ROAD NE		
CITY/ST/ZIP/CO:	M/S 124-323 CEDAR RAPIDS, IA 52498		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL M. COE 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:	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:	PATRICK E. ALLEN DIRECTOR 400 COLLINS ROAD NE M/S 124-318 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/ PHILIP J. JASPER	PHILIP J. JASPER, PRESIDENT	7/1/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.			