

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan DATAPATH 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2003
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC. 2205 NORTHMONT PKWY, STE 100 DULUTH, GA 30096-5892
2b	Employer Identification Number (EIN) 58-2256153
2c	Sponsor's telephone number 678-597-0300
2d	Business code (see instructions) 334200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ROSA BARONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC. 2205 NORTHMONT PKWY, STE 100 DULUTH, GA 30096-5892	3b Administrator's EIN 58-2256153 3c Administrator's telephone number 678-597-0300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	744
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	546
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	174
d Subtotal. Add lines 6a , 6b , and 6c	6d	720
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	720
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	504
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DATAPATH 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC.	D Employer Identification Number (EIN) 58-2256153	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	802420	720	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
40309	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NRP FINANCIAL, INC 677 N MAIN ST BRYAN, OH 43506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40309			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3726822**5** Current value of plan's interest under this contract in separate accounts at year end **5** 10352437**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ N/A**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3072244**c** Additions: (1) Contributions deposited during the year **7c(1)** 912604(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 107087(4) Transferred from separate account **7c(4)** 913042(5) Other (specify below) **7c(5)** 9890

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 1942623**d** Total of balance and additions (add **b** and **c(6)**). **7d** 5014867**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 457074(2) Administration charge made by carrier **7e(2)** 2126(3) Transferred to separate account **7e(3)** 817258(4) Other (specify below) **7e(4)** 11587

▶ LOAN ISSUES

(5) Total deductions **7e(5)** 1288045**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3726822

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>DATAPATH 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>58-2256153</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 18 50	NONE	68792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DATAPATH 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC.	D Employer Identification Number (EIN) 58-2256153	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	121629	89112
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	6490874	10352437
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3072244	3726822
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9684747	14168371

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9684747	14168371
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1061494	
(B) Participants	2a(1)(B)	2305761	
(C) Others (including rollovers)	2a(1)(C)	39332	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3406587

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7373	
(F) Other	2b(1)(F)	107087	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		114460

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2229593
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5750640

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1259856	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1259856
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7160	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7160
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1267016

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4483624
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHERRY BEKART & HOLLAND

(2) EIN: 56-0574444

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan DATAPATH 401(K) PLAN				B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS, INC.				D Employer Identification Number (EIN) 58-2256153	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 93-0242990					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2009 v.092308.1	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

DATAPATH 401(k) PLAN

**Financial Statements as of December 31, 2009 and 2008
and for the years then ended and as of
February 26, 2010 and for the two month
period then ended, Supplemental Schedule
as of December 31, 2009 and
Independent Auditors' Report**

DATAPATH 401(k) PLAN

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

The Plan Administrator
DataPath 401(k) Plan
Cypress, California

We were engaged to audit the financial statements of the DataPath 401(k) Plan (the "Plan") as of February 26, 2010 and for the two months period then ended, as of December 31, 2009 and 2008 and for the years then ended, and supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Standard Insurance Company (the "Custodian") except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian, as of and for the two month period ended February 26, 2010 and as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 1 to the financial statements, DataPath, Inc. (the "Plan Sponsor") was merged into Rockwell Collins, Inc. during May 2009. On February 26, 2010, the balances of the Plan transferred into the Rockwell Collins Retirement Savings Plan.

Cherry, Bekaert & Holland, LLP

Atlanta, Georgia
October 1, 2010

DATA PATH 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

February 26, 2010 and December 31, 2009 and 2008

	February 26, 2010	December 31, 2009	December 31, 2008
Assets			
Investments:			
Mutual funds	\$ -	\$ 10,352,437	\$ 6,490,874
Guaranteed investment account	-	3,726,822	3,072,244
Participant loans	-	89,112	121,629
Total Investments	-	14,168,371	9,684,747
Receivables:			
Participant contributions	-	-	141,147
Employer contributions	-	56,269	130,491
Total Receivables	-	56,269	271,638
Net Assets Available For Benefits	\$ -	\$ 14,224,640	\$ 9,956,385

DATAPATH 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**For the Two Month Period Ended February 26, 2010
and for the Years Ended December 31, 2009 and 2008**

	February 26, 2010	December 31, 2009	December 31, 2008
Additions to Net Assets Attributed to:			
Investment Income (Loss):			
Net appreciation (depreciation) in fair value of investments	\$ (97,173)	\$ 2,229,593	\$ (3,548,898)
Interest	17,897	114,460	106,380
Total Investment Income (Loss)	(79,276)	2,344,053	(3,442,518)
Transfer in from qualified plans	-	-	4,733
Contributions:			
Employer	-	987,272	1,195,599
Participant	-	2,164,614	2,698,884
Rollovers	-	39,332	230,675
Total Contributions	-	3,191,218	4,125,158
Total Additions to Net Assets	(79,276)	5,535,271	687,373
Deductions from Net Assets Attributed to:			
Benefits paid to participants	351,038	1,259,856	1,918,917
Administrative expenses	1,395	7,160	7,514
Transfer to qualified plan	13,792,931	-	-
Total Deductions from Net Assets	14,145,364	1,267,016	1,926,431
Net Increase (Decrease) in Net Assets	(14,224,640)	4,268,255	(1,239,058)
Net Assets Available for Benefits at Beginning of the Year	14,224,640	9,956,385	11,195,443
Net Assets Available for Benefits at End of the Year	\$ -	\$ 14,224,640	\$ 9,956,385

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 1—DESCRIPTION OF THE PLAN

The following brief description of DataPath 401(k) Plan (the “Plan”) is provided for general information purposes. Reference should be made to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering substantially all employees of DataPath, Inc. On May 29, 2009, all outstanding shares of Datapath, Inc. were acquired by Rockwell Collins, Inc. (the “Company”). In conjunction with this acquisition, the employees of Datapath, Inc. became eligible to participate in another plan offered by Rockwell Collins, Inc. Effective December 26, 2009, all voluntary contributions into this plan ceased. In addition, on February 26, 2010, all remaining assets in the Plan were transferred into the Rockwell Collins Retirement Savings Plan. Employees can enter the Plan on the first day of any month following the month of employment. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974, as amended (ERISA).

Administration

The Company is the Plan sponsor and Plan administrator. The custodian of the Plan is Standard Insurance Company. Certain administrative functions are performed by employees of the Company. These employees do not receive compensation from the Plan.

Contributions

Participants have the right to contribute the maximum amounts allowed under Section 401(k) of the Internal Revenue Code. The Company provides a Safe Harbor match in an amount not to exceed the lesser of 4% of each participant’s eligible compensation or 100% of the employee’s contribution. The Company, at the discretion of its board of directors, may contribute a profit sharing amount during the Plan year, which is allocated to participants based on the relationship their compensation bears to total participant compensation. No Company profit sharing contributions were made during the two month period ended February 26, 2010 or the years ended December 31, 2009 and 2008.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of the Company’s contribution and Plan earnings and charged with withdrawals and an allocation of Plan losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Each participant is 100% vested at all times in his or her salary reduction and the employer safe harbor matching contributions and profit-sharing contributions plus actual earnings thereon.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 1—DESCRIPTION OF THE PLAN (Continued)

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loan terms range from 1 to 10 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates range from 3.25 percent to 9.25 percent as of December 31, 2009. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, the balance in a participant's account will be paid to the participant or beneficiary in lump-sum, annuities or in-kind securities in accordance with the terms of the Plan.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

In June 2009, the Financial Accounting Standard Board ("FASB") established the FASB Accounting Standards Codification ("ASC") as the single source of authoritative GAAP. The FASB ASC superseded all the existing non-SEC accounting and reporting standards. The issuance of this statement did not change GAAP, but has changed the applicable citations and naming conventions used when referencing GAAP within these financial statements.

Effective January 1, 2009, the Plan adopted FASB's updated guidance related to subsequent events, which establishes general standards on accounting for and disclosure of events that occur after the statement of net assets available for benefits date but before financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date – that is, whether that date represents the date the financial statements were issued or were available to be issued. This disclosure should alert all users of financial statements being presented. Adoption of the updated guidance did not have a material impact on the statements of changes in net assets available for benefits and statements of net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Investments consist of mutual funds, a guaranteed investment account and participant loans. Mutual funds are valued at quoted

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

market prices which represent the net asset value of shares held by the Plan on the measurement date. Participant loans are valued at their outstanding balances, which approximates fair value. The net appreciation in the fair value of investments includes both realized and unrealized gains and losses on investments. The fair value of the guaranteed investment account is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In accordance with GAAP, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invested in an investment contract through Standard Insurance Company for the two month period ended February 26, 2010 and for the years ended December 31, 2009 and December 31, 2008. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis. Although the guaranteed investment accounts are considered fully benefit-responsive, contract values approximated or equaled the fair values of the guaranteed investment accounts as of December 31, 2009 and December 31, 2008. Therefore, no adjustment from fair value to contract value is necessary in the financial statements.

Payment of Benefits

Benefit payments are recorded as deductions from net assets available for benefits when they are approved for payment and paid by the Plan

Administrative Expenses

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis. Also, certain administrative expenses are paid by the Company.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Fair Value Measurements

GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

There are three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Mutual Funds

These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and mutual funds are classified within level 1 of the valuation hierarchy.

Guaranteed Investment Account

These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The guaranteed investment contract is classified within level 3 of the valuation hierarchy because the unit value is determined by the total return less a management fee as determined by the Fund or as estimated by management.

Loans to Participants

Loans to plan participants are valued at cost plus accrued interest, which approximates fair value and are classified within level 3 of the valuation hierarchy.

NOTE 3—INVESTMENTS

The following investments represent five percent or more of net assets available for benefits at fair value are as follows:

	February 26, 2010	December 31, 2009	December 31, 2008
Stable Asset Value Fund II	- \$	3,726,822	\$ 3,072,244
Dodge & Cox Income	-	*	604,440
Vanguard 500 Index Signal	-	1,250,619	815,643
T. Rowe Price Blue Chip Growth	-	1,175,708	696,055
Vanguard Extended Market Index Signal	-	1,013,130	657,107
Rainier Small/Mid Cap Equity I Portfolio	-	1,075,685	706,900
PIMCO Total Return Instl	-	937,501	-
William Blair International Growth I	-	1,094,016	674,185

* Represents less than 5% of net assets available for benefits.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 3— INVESTMENTS (Continued)

During the period from January 1, 2010 to February 26, 2010, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$115,070. During the two month ended February 26, 2010, the Guaranteed Investment Contract appreciated in value by \$17,897.

During the years ended December 31, 2009 and 2008, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$2,122,507 and (\$3,645,176), respectively. During the years ended December 31, 2009 and 2008, the Guaranteed Investment Contract appreciated in value by \$107,086 and \$96,278, respectively.

As of December 31, 2009 and 2008, the Plan held a common/collective trust (Stable Asset Fund II) with Standard Insurance Company. This fund is utilized to maintain a portion of the Plan contributions in a guaranteed investment contract. The account was credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by the Custodian. The guaranteed investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, the guaranteed investment accounts were included in the financial statements at contract value, which equaled or approximated fair value, as reported to the Plan by Standard Insurance Company. There are no reserves against the guaranteed investment risk for credit risk of the contract issuer or otherwise. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The average interest crediting rates, which are blended contract yields for the guaranteed investment contracts were 3.16% for the two month ended February 26, 2010, and 3.09% and 3.21% for the year ended December 31, 2009 and 2008, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Specific coverage provided by each guaranteed investment account may be different from each issuer, and can be found in the guaranteed investment contracts held by the Plan. Examples of such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such event, limited the Plan's ability to transact at contract value with participants while the contracts were in effect.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008

NOTE 4—INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

As of and for the two month period ended February 26, 2010 and as of and for the years ended December 31, 2009 and 2008, the Plan administrator elected, as permitted by Section 2520.103 of the Department of Labor's (DOL) Rules and Regulations for reporting under ERISA, to have certain financial information certified by the Plan's custodian. Information as of February 26, 2010 and for the two month period then ended and as of December 31, 2009 and 2008 and for the years then ended was certified by Standard Insurance Company. The following summary of unaudited information, included in the accompanying financial statements, was prepared by the custodian and furnished to the Plan administrator:

	February 26, 2010	December 31, 2009	December 31, 2008
Investments:			
Mutual funds	\$ -	\$ 10,352,437	\$ 6,490,874
Guaranteed investment account	-	3,726,822	3,072,244
Participant loans	-	89,112	121,629
		For the Two Month Period Ended February 26, 2010	
Investment income:			
Net appreciation (depreciation) in fair value of investments		\$ (97,173)	
Interest		17,897	
		For the Years Ended December 31,	
		2009	2008
Investment income:			
Net appreciation (depreciation) in fair value of investments	\$ 2,229,593	\$ (3,548,898)	
Interest	114,460	106,380	

Supplemental schedule: All investment balances and information included in the schedule.

All investment balances and investment information included in the Note 3.

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 5—INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by Standard Insurance Company. Standard Insurance Company received an opinion letter from the Internal Revenue Service (IRS) dated June 2, 2000 which stated that the prototype document satisfied the applicable provisions of the Internal Revenue Code (IRC). The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6—RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are the reconciliations of employer contributions per the financial statements to the Form 5500 for the two month ended February 26:

	<u>2010</u>
Employer contributions per the financial statements	\$ -
Add: Prior year employer contributions receivable	<u>56,269</u>
Employer contributions per the Form 5500	<u><u>\$ 56,269</u></u>

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 14,224,640	\$ 9,956,385
Less: Current year employer contributions receivable	(56,269)	(130,491)
Less: Current year participant contributions receivable	<u>-</u>	<u>(141,147)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 14,168,371</u></u>	<u><u>\$ 9,684,747</u></u>

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 6—RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following are the reconciliations of participant and employer contributions per the financial statements to the Form 5500 for the years ended December 31:

	<u>2009</u>	<u>2008</u>
Participant contributions per the financial statements	\$ 2,164,614	\$ 2,698,884
Add: Prior year participant contributions receivable	141,147	127,977
Less: Current year participant contributions receivable	<u>-</u>	<u>(141,147)</u>
Participant contributions per the Form 5500	<u>\$ 2,305,761</u>	<u>\$ 2,685,714</u>
	<u>2009</u>	<u>2008</u>
Employer contributions per the financial statements	\$ 987,272	\$ 1,195,599
Add: Prior year employer contributions receivable	130,491	145,273
Less: Current year employer contributions receivable	<u>(56,269)</u>	<u>(130,491)</u>
Employer contributions per the Form 5500	<u>\$ 1,061,494</u>	<u>\$ 1,210,381</u>

NOTE 7—PARTY-IN-INTEREST

Certain Plan investments were mutual funds and a guaranteed investment account administered by Standard Insurance Company, the Plan custodian as of and for the two month period ended February 26, 2010 and as of and for the years ended December 31, 2009 and 2008.

Related transactions qualify as party-in-interest. Administrative expenses, primarily custodial fees, of \$1,395, \$7,160 and \$7,514 were paid to Standard Insurance Company for the two month period ended February 26, 2010 and the year ended December 31, 2009 and 2008, respectively.

NOTE 8—PLAN AMENDMENTS

Effective January 1, 2008, the Plan was amended to provide participants who have made rollover contributions to the Plan to request withdrawal from their rollover contributions account at any time during the plan year provided the participants have reached the age of 59 ½ or if due to hardships as described in the plan document. The participant can withdraw any amount

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008

NOTE 8—PLAN AMENDMENTS (Continued)

up to the total of rollover contributions made to date including any interest or earnings credited to the account.

Effective February 1, 2008, the Plan was amended to provide participants the ability to begin, change or resume their elective contributions based on guidelines stated in the Plan document.

Effective December 26, 2009, the Plan was amended to disallow any employees of Rockwell Collins to become participants in the Plan. Elective contributions, rollover contributions, or similar contributions were no longer allowed to be made to the Plan with respect to any compensation earned after December 25, 2009.

NOTE 9—PLAN TRANSFERS

In May 2009, DataPath, Inc. was acquired by Rockwell Collins, Inc. The assets and liabilities of the Plan were transferred and merged into the Rockwell Collins Retirement Savings Plan on February 26, 2010.

NOTE 10—FAIR VALUE OF INVESTMENTS

See “Fair Value Measurements” in Note 2 above for discussions of the methodologies and assumptions used to determine the fair value of the Plan’s investments.

Below are the Plan’s financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described in Note 2. There were no investments in the Plan as of February 26, 2010.

	December 31, 2009			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Mutual Funds	\$ 10,352,437	\$ -	\$ -	\$ 10,352,437
Guaranteed Investment Contracts	-	-	3,726,822	3,726,822
Participant loans	-	-	89,112	89,112
Total	<u>\$ 10,352,437</u>	<u>\$ -</u>	<u>\$ 3,815,934</u>	<u>\$ 14,168,371</u>

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008**

NOTE 10—FAIR VALUE OF INVESTMENTS, CARRIED AT FAIR VALUE (Continued)

	December 31, 2008			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Mutual Funds	\$ 6,490,874	\$ -	\$ -	\$ 6,490,874
Guaranteed Investment Contracts	-	-	3,072,244	3,072,244
Participant loans	-	-	121,629	121,629
Total	<u>\$ 6,490,874</u>	<u>\$ -</u>	<u>\$ 3,193,873</u>	<u>\$ 9,684,747</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets and liabilities:

	February 26, 2010				
	Beginning Fair Value	Items Included in Net Income	Sales, Issuances, Maturities, Settlements, Calls, Net	Transfers In or Out of Level 3, Net	Ending Fair Value
Investment contracts	\$ 3,726,822	\$ 17,897	\$ (89,124)	\$ (3,655,595)	\$ -
Participant loans	89,112	-	5,000	(94,112)	-
Total	<u>\$ 3,815,934</u>	<u>\$ 17,897</u>	<u>\$ (84,124)</u>	<u>\$ (3,749,707)</u>	<u>\$ -</u>

	December 31, 2009				
	Beginning Fair Value	Items Included in Net Income	Sales, Issuances, Maturities, Settlements, Calls, Net	Transfers In or Out of Level 3, Net	Ending Fair Value
Investment contracts	\$ 3,072,244	\$ 107,086	\$ 547,492	\$ -	\$ 3,726,822
Participant loans	121,629	-	(32,517)	-	89,112
Total	<u>\$ 3,193,873</u>	<u>\$ 107,086</u>	<u>\$ 514,975</u>	<u>\$ -</u>	<u>\$ 3,815,934</u>

DATAPATH 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Two Month Period Ended February 26, 2010
and as of and for the Years Ended December 31, 2009 and 2008

NOTE 10—FAIR VALUE OF INVESTMENTS, CARRIED AT FAIR VALUE (Continued)

December 31, 2008					
	Beginning Fair Value	Items Included in Net Income	Sales, Issuances, Maturities, Settlements, Calls, Net	Transfers In or Out of Level 3, Net	Ending Fair Value
Investment contracts	\$ 2,421,967	\$ 92,146	\$ 558,131	\$ -	\$ 3,072,244
Participant loans	150,131	-	(28,502)	-	121,629
Total	<u>\$ 2,572,098</u>	<u>\$ 92,146</u>	<u>\$ 529,629</u>	<u>\$ -</u>	<u>\$ 3,193,873</u>

NOTE 11—SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through October 1, 2010 in connection with the preparation of these financial statements which is the date the financial statements were available to be issued.

DATAPATH 401(k) PLAN

EIN: 58-2256153 PLAN: 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral. Par, or Maturity Value	(d) Cost	(e) Current Value
	Guaranteed Investment Account			
*	Standard Insurance Company	Stable Asset Fund II	**	\$ 3,726,822
	Mutual Funds			
*	Standard Insurance Company	GE Strategic Investment Y	**	392,282
*	Standard Insurance Company	Davis New York Venture Y	**	205,743
*	Standard Insurance Company	Vanguard 500 Index Signal	**	1,250,619
*	Standard Insurance Company	Vanguard Value Index	**	187,816
*	Standard Insurance Company	T. Rowe Price Blue Chip Growth	**	1,175,708
*	Standard Insurance Company	Vanguard Growth Index	**	134,278
*	Standard Insurance Company	Goldman Sachs Mid Cap Value I	**	605,808
*	Standard Insurance Company	Vanguard Extended Market Index Signal	**	1,013,130
*	Standard Insurance Company	Rainier Small/Mid Cap Equity I Portfolio	**	1,075,685
*	Standard Insurance Company	First American Small Cap Select	**	484,851
*	Standard Insurance Company	BlackRock LC Value I	**	574,205
*	Standard Insurance Company	Vanguard Bond MKT	**	186,161
*	Standard Insurance Company	PIMCO Total Return Instl	**	937,501
*	Standard Insurance Company	Allianz NFJ Small Cap Value	**	123,232
*	Standard Insurance Company	Dodge and Cox International Stock	**	615,344
*	Standard Insurance Company	William Blair International Growth I	**	1,094,016
*	Standard Insurance Company	American Century Real Estate Investment	**	296,058
		Participant Loans - Bearing interest at 3.25% to 9.25% and maturing through October 2016	-0-	89,112
*	Participant Loans			<u><u>\$ 14,168,371</u></u>

* Party-in-interest

** Cost omitted for participant directed investments

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DATAPATH 401(K) PLAN **EIN:** 58-2256153
Plan Sponsor's Name ROCKWELL COLLINS SATELLITE COMMUNICATIONS SYSTEMS INC. 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Standard Insurance Co	Group Annuity Contract Stable Asset Fund	3,726,822	3,726,822
	Standard Insurance Co	Pooled Separate Acct A	10,412,753	10,352,437
	Participant Loans	3.25% - 9.25%	0	89,112