

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90141 016 \*\*\*150.00

0647463 AT

**DOCUMENT # F00000003099**



1. Entity Name  
**SIEMENS AIRFIELD SOLUTIONS, INC.**

Principal Place of Business  
**977 GAHANNA PARKWAY  
COLUMBUS OH 43230-0829**

Mailing Address  
**P.O. BOX 30829  
COLUMBUS OH 43230-0829**

**20028385**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o Siemens Corporation**

Suite, Apt. #, etc.  
**170 Wood Avenue South**

City & State  
**Iselin, NJ**

Zip Country  
**08830 USA**

4. FEI Number **31-0951204** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RAUCH, STEPHEN H P</b>
STREET ADDRESS	<b>977 GAHANNA PARKWAY</b>
CITY-ST-ZIP	<b>COLUMBUS OH 43230-0829</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MORROW, MICHAEL E V</b>
STREET ADDRESS	<b>977 GAHANNA PARKWAY</b>
CITY-ST-ZIP	<b>COLUMBUS OH 43230-0829</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>BRAEHMER, UDO CD</b>
STREET ADDRESS	<b>POSTFACH 32 40, SIEMENS ATD 1S5 91050</b>
CITY-ST-ZIP	<b>ERLANGEN, GERMANY NA NA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILCKE, GERHARD D</b>
STREET ADDRESS	<b>POSTFACH 32 40, SIEMENS ATD 1S5 91050</b>
CITY-ST-ZIP	<b>ERLANGEN, GERMANY NA N/A</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KROENER, PETER D</b>
STREET ADDRESS	<b>186 WOOD AVE. SOUTH</b>
CITY-ST-ZIP	<b>ISELIN NJ 08830</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Assistant Secretary</b>
STREET ADDRESS	<b>George Pompetzki</b>
CITY-ST-ZIP	<b>170 Wood Avenue South Iselin, NJ 08830</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered **George Pompetzki, Assistant Secretary**

**SIGNATURE:** George Pompetzki **3/27/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)