FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:45

DOCUMENT # **P10614** **(6)**

1. Corporation Name
SIEMENS COMMUNICATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
900 BROKEN SOUND PKWY ACCOUNTING & CONTROL 43RD BOCA RATON FL 33487 US	1301 AVENUE OF THE AMERICAS ACCOUNTING & CONTROL 43RD NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: ~~04/22/1994~~

2. Principal Place of Business
21 900 Broken Sound Pkwy.
22 Suite, Apt. #, etc.
23 Boca Raton, FL
24 Zip 33487
25 Country

2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2577704 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	HASHOLZNER, ANTON	12 NAME	
STREET ADDRESS	900 BROKEN SOUND BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VTAS	21 TITLE	☐ Change ☐ Addition
NAME	KROELLER, HELMUT	22 NAME	
STREET ADDRESS	900 BROKEN SOUND BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOSEPH F.	32 NAME	
STREET ADDRESS	900 BROKEN SOUND BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	~~AS~~	41 TITLE	☒ Change ☐ Addition
NAME	~~ZANG, LAWRENCE F. JR~~	42 NAME	
STREET ADDRESS	~~1301 AVE OF THE AMERICAS~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~NEW YORK NY~~	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, GERALD H.	52 NAME	
STREET ADDRESS	5500 BROKEN SOUND BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	GANS, WALTER G.	62 NAME	
STREET ADDRESS	1301 AVE OF THE AMERICAS	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: ✓ _____ 3/15/95 (211) 338-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP