

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P10614 (6)

1. Corporation Name
SIEMENS COMMUNICATION SYSTEMS, INC.



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

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 04/05/1995
4. FEI Number: 59-2577704
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for State, Apt. #, etc., City & State, Zip, and Country.

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
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 607.0595, Florida Statutes.

SIGNATURE

Signature of officer, director, or registered agent

Date of Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCO	NAME: HASHOLZNER, ANTON	1.1 TITLE: PCO	1.2 NAME: Frederick R. FROMM
STREET ADDRESS: 900 BROKEN SOUND BLVD.	CITY-STATE-ZIP: BOCA RATON FL	1.3 STREET ADDRESS: 900 Broken Sound Parkway	1.4 CITY-STATE-ZIP: Boca Raton, FL 33487
TITLE: VTAS	NAME: KROELLER, HELMUT	2.1 TITLE: VTAS	2.2 NAME: Dietrich-Ardnt Diehn
STREET ADDRESS: 900 BROKEN SOUND BLVD.	CITY-STATE-ZIP: BOCA RATON FL	2.3 STREET ADDRESS: 900 Broken Sound Parkway	2.4 CITY-STATE-ZIP: Boca Raton, FL 33487
TITLE: V	NAME: SULLIVAN, JOSEPH F.	3.1 TITLE: Assistant Secretary	3.2 NAME: Steven C. Danatos
STREET ADDRESS: 900 BROKEN SOUND BLVD.	CITY-STATE-ZIP: BOCA RATON FL	3.3 STREET ADDRESS: 1301 Ave. of the Americas	3.4 CITY-STATE-ZIP: New York, NY 10019
TITLE: V	NAME: WRIGHT, GERALD H.	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 5500 BROKEN SOUND BLVD.	CITY-STATE-ZIP: BOCA RATON FL	4.3 STREET ADDRESS:	4.4 CITY-STATE-ZIP:
TITLE: S	NAME: GANS, WALTER G.	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1301 AVE OF THE AMERICAS	CITY-STATE-ZIP: NEW YORK NY	5.3 STREET ADDRESS:	5.4 CITY-STATE-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-STATE-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)(k), 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 or person 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, or on an attachment with an address.

SIGNATURE:

Steven C. Danatos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven C. Danatos

1/24/96

(212) 258-4137
TELEPHONE NUMBER

CR2E034 (12/95)