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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P10614 OK
 1. Corporation Name

SIEMENS COMMUNICATION SYSTEMS, INC.

Principal Place of Business: 900 Broken Sound Pkwy, Boca Raton, FL 33487
 Mailing Address: 1301 Ave of the Americas, New York, NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/01/1986
 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Ap. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD <input type="checkbox"/> DELETE
NAME	FROMM, FREDERICK R
STREET ADDRESS	900 Broken Sound Pkwy
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VTAS <input type="checkbox"/> DELETE
NAME	STIPHOUT, HERMAN
STREET ADDRESS	900 Broken Sound Pkwy
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	V <input type="checkbox"/> DELETE
NAME	WRIGHT, GERALD
STREET ADDRESS	1301 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10019
TITLE	S <input type="checkbox"/> DELETE
NAME	GANS, WALTER
STREET ADDRESS	1301 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10019
TITLE	AS <input type="checkbox"/> DELETE
NAME	YOUNG, LLEWELLYN P.
STREET ADDRESS	1301 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10019
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Llewellyn P. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 212/258-4160
 Date Daytime Phone #

CR2E034 (11/98)