

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25388

(0)

1. Corporation Name

SIEMENS CORPORATION

Principal Place of Business

**1301 AVE. OF THE AMERICAS
NEW YORK NY 10019**

Mailing Address

**1301 AVE. OF THE AMERICAS
NEW YORK NY 10019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

13-2623356

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 date of signature)

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HOSER, ALBERT
1301 AVE OF THE AMERICAS
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HERLINGER, CHARLES E.
1301 AVE OF THE AMERICAS
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WHITEHEAD, ADRIENNE D
1301 AVE OF THE AMERICAS
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GANS, WALTER G.
1301 AVE OF THE AMERICAS
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
RUSSELL, KENNETH J
1301 AVE OF THE AMERICAS
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
LANGER, HORST
1301 AVE OF THE AMERICAS
NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(2)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Albert C. Hoser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SECRETARY

4/29/95

(212)258-4137