SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P25311** **(2)**

1. Corporation Name
SIEMATIC CORPORATION

Principal Place of Business	Mailing Address
886 TOWN CENTER DRIVE **LANGHORNE PA 19047**	**886 TOWN CENTER DRIVE** **LANGHORNE PA 19047**

3. Date Incorporated or Qualified: **07/25/1989**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **95-3504669** ☐ 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	2a. Mailing Address
21 3331 Street Rd.	26 3331 Street Rd.
22 Suite, Apt. #, etc. Suite 450	27 Suite, Apt. #, etc. Suite 450
23 City & State Bensalem, Pa.	28 City & State Bensalem, Pa.
24 Zip 19020 25 Country USA	29 Zip 19020 30 Country USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (TYPE Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIEKMANN, A.W.		1.2 NAME	
STREET ADDRESS	4972 LOEHNE 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST GERMANY		1.4 CITY-ST-ZIP	
TITLE	V	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLERS, ROLF		2.2 NAME	
STREET ADDRESS	886 TOWN CENTER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE PA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SOLMSSEN, PETER Y		3.2 NAME	
STREET ADDRESS	2000 ONE LOGAN SQUARE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP	
TITLE	CEOT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIEKMANN, RANK W		4.2 NAME	
STREET ADDRESS	886 TOWN CENTER DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGHORNE PA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title _____ Daytime Phone # _____