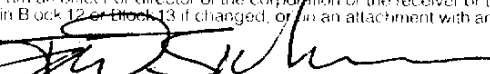


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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 886 TOWN CENTER DRIVE LANGHORNE PA 19047		Mailing Address 886 TOWN CENTER DRIVE LANGHORNE PA 19047	
2. Principal Place of Business 21 3331 Street Rd. Suite, Apt. #, etc. 22 Suite 450 City & State 23 Bensalem, Pa. Zip 24 19020 Country 25 USA		2a. Mailing Address 26 3331 Street Rd. Suite, Apt. #, etc. 27 Suite 450 City & State 28 Bensalem, Pa. Zip 29 19020 Country 30 USA	
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			
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 Signature typed for principal place of registered agent and if not applicable (NOTE: Registered Agent signature required when renewing) (SEE)			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	☐ DELETE	
NAME	SEKMAN, A.W.		
STREET ADDRESS	4972 LOEHNE 1		
CITY-ST-ZIP	WEST GERMANY		
TITLE	V	☒ DELETE	
NAME	WILLERS, ROLF		
STREET ADDRESS	886 TOWN CENTER DRIVE		
CITY-ST-ZIP	LANGHORNE PA		
TITLE	S	☐ DELETE	
NAME	SOLMSSEN, PETER Y		
STREET ADDRESS	2000 ONE LOGAN SQUARE		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	CEOT	☐ DELETE	
NAME	SEKMAN, RANK W		
STREET ADDRESS	886 TOWN CENTER DRIVE		
CITY-ST-ZIP	LANGHORNE PA		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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 in an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/96)