

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90187 037 \*\*\*150.00

**DOCUMENT # F98000005626**

1. Entity Name  
**SIEMENS BUILDING TECHNOLOGIES, INC.**



Principal Place of Business  
**1000 DEERFIELD PKWY.  
BUFFALO GROVE, IL 60089**

Mailing Address  
**1000 DEERFIELD PKWY.  
LEGAL DEPARTMENT  
BUFFALO GROVE, IL 60089**

**50048463**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**13-2762488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HIESINGER, HEINRICH DR.  
BELLERIVESTRASSE 36  
ZURICH, SW CH-8034** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
Albert Meringer  
Beethoven Strasse  
Erlangen Germany** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RENN, ROLF  
HORNHALDENSTRASSE 7  
KILSHBERG, SW CH-8022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
John Osmond  
5462 Timberlea Blvd.  
Mississauga, Ontario L4W2T7** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
STEGEMAN, KLAUS  
153 E. 53RD STREET FLOOR 56  
NEW YORK, NY 10022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
Kenoko Toure  
1000 Deerfield Pkwy.  
Buffalo Grove, IL 60089** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
NOLAN, GEORGE  
153 E. 53RD STREET FLOOR 56  
NEW YORK, NY 10022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Ass't Secretary  
Alan Gotliffe  
170 Wood Ave. South  
Iselin, NJ 08830** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
KUNKA, STANLEY  
100 DEERFIELD PKY  
BUFFALO GROVE, IL 60089** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Stanley Kunka  
1000 Deerfield Pkwy.  
Buffalo Grove, IL 60089** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**O  
HISLIP, DANIEL W  
1000 DEERFIELD PARKWAY  
BUFFALO GROVE, IL 60089** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alan Gotliffe*

Alan Gotliffe

4/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #