

**2022 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M19000010547

**Entity Name:** SIEMENS CAPITAL COMPANY LLC**Current Principal Place of Business:**170 WOOD AVENUE SOUTH  
ISELIN, NJ 08830**Current Mailing Address:**3850 QUADRANGLE BLVD.  
US TAX DEPT, MS AFS466  
ORLANDO, FL 32817 US**FEI Number:** 81-0594416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:** HOLLEY RIGG

09/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO  
Name            BATES, NICOLA  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

Title            SR.VP, CONTROLLER  
Name            ACCARDI, JOSEPH  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

Title            SR. VP  
Name            FALK, JONATHAN  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

Title            CHAIRMAN  
Name            RATHGEB, PETER  
Address        OTTO-HAHN-RING 6  
City-State-Zip: MUENCHEN GERMANY 81739

Title            MEMBER  
Name            SMITH, MARSHA  
Address        ONE PENN PLAZA  
City-State-Zip: NEW YORK NY 10119

Title            ASST. SECRETARY  
Name            MIGNELLA, ROBERT CHARLES  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

Title            ASST. SECRETARY  
Name            ELLIS, LONNIE J.  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLA BATES

PRESIDENT

09/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date