

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90167 010 ***150.00

DOCUMENT # 813415

1. Corporation Name
OSRAM SYLVANIA INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business C/O MIKE SIMMONS 100 ENDICOTT ST DANVERS MA 01923 US | | Mailing Address C/O MIKE SIMMONS 100 ENDICOTT ST DANVERS MA 01923 US | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | | Zip 29 | |
| Country 25 | | Country 30 | |
| 3. Date Incorporated or Qualified 02/23/1959 | | | |
| 4. FEI Number 15-0582085 | | | |
| Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| Trust Fund Contribution <input type="checkbox"/> | | | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

| | |
|----|--|
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |
| 12. OFFICERS AND DIRECTORS | |
| TITLE | DC <input type="checkbox"/> DELETE |
| NAME | BOPST, WOLF-DIETER |
| STREET ADDRESS | 8133 FELDGING |
| CITY-ST-ZIP | MUNICH GE |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BACKES, WILFRIED |
| STREET ADDRESS | 26 BENFORD DR |
| CITY-ST-ZIP | PRINCETON NJ |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | HOSER, ALBERT |
| STREET ADDRESS | 1301 AVE OF THE AMERICAS |
| CITY-ST-ZIP | NEW YORK NY |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LANGFORD, DEAN |
| STREET ADDRESS | 100 ENDICOTT STREET |
| CITY-ST-ZIP | BOSTON MA |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | MOHR, HEINZ-PETER |
| STREET ADDRESS | HELLABRUNNER STRASSE A |
| CITY-ST-ZIP | MUENCHEN 90 GE |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Gerhard Schulmeyer |
| 3.3 STREET ADDRESS | Hellabrunner Strasse A |
| 3.4 CITY-ST-ZIP | Munich, Germany |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Thomas Seeberg |
| 5.3 STREET ADDRESS | Hellabrunner Strasse A |
| 5.4 CITY-ST-ZIP | Munich, Germany |
| 6.1 TITLE | VP Corp Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Johannes Naerger |
| 6.3 STREET ADDRESS | 100 Endicott Street |
| 6.4 CITY-ST-ZIP | Danvers, MA 01923 |

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johannes Naerger 4/21/99 (978) 750-2956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)