

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813415

1. Entity Name

OSRAM SYLVANIA INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90414 017 ***150.00

Principal Place of Business

Mailing Address

C/O MIKE SIMMONS
100 ENDICOTT ST
DANVERS MA 01923
US

C/O MIKE SIMMONS
100 ENDICOTT ST
DANVERS MA 01923-3623
US

2. Principal Place of Business

c/o Tax Dept 6 C

3. Mailing Address

c/o Tax Dept 6C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-0582085

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

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **BOPST, WOLF-DIETER**
STREET ADDRESS **8133 FELDGING**
CITY-ST-ZIP **MUNICH GE**

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

TITLE **D** ☐ Delete
NAME **BACKES, WILFRIED**
STREET ADDRESS **26 BENFORD DR**
CITY-ST-ZIP **PRINCETON NJ**

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

TITLE **D** ☐ Delete
NAME **SCHULMEYER, GERHARD**
STREET ADDRESS **HELLABRUNNER STRASSE A**
CITY-ST-ZIP **MUNICH GERMANY**

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

TITLE **D** ☐ Delete
NAME **LANGFORD, DEAN**
STREET ADDRESS **100 ENDICOTT STREET**
CITY-ST-ZIP **BOSTON MA**

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

TITLE **D** ☐ Delete
NAME **SEEBERG, THOMAS**
STREET ADDRESS **HELLABRUNNER STRASSE A**
CITY-ST-ZIP **MUNICH GERMANY**

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

TITLE **VPCF** ☒ Delete
NAME **NAERGER, JOHANNES**
STREET ADDRESS **100 ENDICOTT STREET**
CITY-ST-ZIP **DANVERS MA 01923**

TITLE **VPCF** ☐ Change ☒ Addition
NAME **Charles J. Walsh**
STREET ADDRESS **100 Endicott ST**
CITY-ST-ZIP **Danvers, MA 01923**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles J. Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Walsh

April 18, 00

Date (978) 777-1900 Daytime Phone #

CR2E034 (9/99)