

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813415

FILED
Apr 17, 2007
Secretary of State

Entity Name: OSRAM SYLVANIA INC.

Current Principal Place of Business:

C/O TAX DEPT 6C
100 ENDICOTT ST
DANVERS, MA 01923 US

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT 6C
100 ENDICOTT ST
DANVERS, MA 01923 US

New Mailing Address:

FEI Number: 15-0582085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPT () Delete
Name: MICHEL, JEAN-PAUL
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

Title: DC () Delete
Name: GOETZELER, MARTIN
Address: HELLABRUNNER STR. 1, D81543
City-St-Zip: MUNICH GERMANY,

Title: D () Delete
Name: SCHAEFER, JORG
Address: HELLABRUNNER STRASSE A
City-St-Zip: MUNICH GERMANY,

Title: D () Delete
Name: NOLEN, GEORGE
Address: 153 EAST STREET
City-St-Zip: NEW YORK, NY 10022

Title: VPCF () Delete
Name: MAHONEY, WILLIAM J
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

Title: DP () Delete
Name: JERABEK, CHARLES F
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: GOETZELER, MARTIN
Address: HELLABRUNNER STR. 1, D81543
City-St-Zip: MUNICH GERMANY, GR 81543 GR

Title: D (X) Change () Addition
Name: REGITZ, CLAUS
Address: HELLABRUNNER STRASSE A
City-St-Zip: MUNICH GERMANY, GR 81543 GR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J MAHONEY

VPCF

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date