

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813415

FILED
Apr 13, 2009
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:

100 ENDICOTT STREET
DANVERS, MA 01923 US

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, GR 81543 GR

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

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

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

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

Title: VPCF (X) Change () Addition
Name: RUNNING, JANE
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

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

I hereby certify that the information supplied with this filing does not qualify 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: JANE RUNNING

VPCF

04/13/2009

Electronic Signature of Signing Officer or Director

Date