

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 SEP 27 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **821649**

1. Corporation Name

Applied Automation, Inc.

2. Principal Office Address

500 W. Highway 60

Suite, Apt. #, etc.

City & State

Bartlesville OK

Zip

74003

Country

USA

3. Mailing Office Address

500 W. Highway 60

Suite, Apt. #, etc.

City & State

Bartlesville OK

Zip

74003

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. ES Number

13-0772340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33324

600003417236-5  
-10/06/00-01094-018  
\*\*\*900.00 \*\*\*900.00

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Connie Bryan*

REGISTERED AGENT MUST SIGN

Date 9/27/2000

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
			LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Ann McWhorter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann McWhorter, Secretary 9/18/00 (770) 751-2341

Date

Daytime Phone #

2012

## **Directors, Officers Report**

**Applied Automation, Inc.**

September 01, 2000

### **DIRECTORS**

**Gary Gabriel**

**Director**

Primary Address:

Siemens Energy & Automation, Inc.  
3333 Old Milton Parkway  
Alpharetta, GA 30005 USA

**Thomas J Malott**

**Director**

Primary Address:

Siemens Energy & Automation, Inc.  
3333 Old Milton Parkway  
Alpharetta, GA 30202 USA

### **OFFICERS**

**Thomas J Malott**

**Chairman**

Primary Address:

Siemens Energy & Automation, Inc.  
3333 Old Milton Parkway  
Alpharetta, GA 30202 USA

**Gary Waugh**

**Vice President, General Manager**

Primary Address:

Siemens Applied Automation, Inc.  
500 W. Highway 60  
Bartlesville, OK 74003 USA

**Shan Linn**

**Treasurer, Controller & Assistant Secretary**

Primary Address:

Siemens Applied Automation, Inc.  
500 W. Highway 60  
Bartlesville, OK 74003 USA

**Ann M. McWhorter**

**Secretary**

Primary Address:

Siemens Energy & Automation, Inc.  
3333 Old Milton Parkway  
Alpharetta, GA 30202-4499 USA

**Michael S. Williamson**

**Assistant Secretary**

Primary Address:

Siemens Energy & Automation, Inc.  
3333 Old Milton Parkway  
Alpharetta, GA 30005

**George Pompetzki**

**Assistant Secretary (Tax Purposes)**

Primary Address:

Siemens Corporation  
186 Wood Avenue South  
Iselin, NJ 08830 USA