# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:31

DOCUMENT # **829282** **(3)**

1. Corporation Name

**SIEMENS NIXDORF INFORMATION SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 200 WHEELER ROAD<br>ATTN: TAX DEPARTMENT<br>BURLINGTON MA 01803 | 200 WHEELER ROAD<br>ATTN: TAX DEPARTMENT<br>BURLINGTON MA 01803 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1972
3a. Date of Last Report: 05/01/1994

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) Country (25) | Zip (29) Country (30)

4. FEI Number: 04-2454451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | EVP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAILAHN, ROLF | 1.2 NAME | |
| STREET ADDRESS | 126 NORTH BRANCH ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CONCORD MA | 1.4 CITY-ST-ZIP | |
| TITLE | EVP | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LYNCH, ROBERT B. | 2.2 NAME | |
| STREET ADDRESS | 81 CAROL AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FALMOUNTH MA | 2.4 CITY-ST-ZIP | |
| TITLE | EVP | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PETRI, DR. EBERHARD | 3.2 NAME | |
| STREET ADDRESS | 89 ASSABET AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CONCORD MA | 3.4 CITY-ST-ZIP | |
| TITLE | P | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | PETERS, ADRIAN | 4.2 NAME | |
| STREET ADDRESS | 172 PEAKHAM ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUDBURY MA | 4.4 CITY-ST-ZIP | |
| TITLE | EVP | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAILAHN, ROLF | 5.2 NAME | |
| STREET ADDRESS | 126 NORTH BRANCH ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CONCORD MA | 5.4 CITY-ST-ZIP | |
| TITLE | VPTC | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SIRRINGHAUS, WINFRIED | 6.2 NAME | |
| STREET ADDRESS | 14 PAMELA DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ARLINGTON MA | 6.4 CITY-ST-ZIP | |

See attached listing

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473400 FP

# SIEMENS NIXDORF INFORMATION SYSTEMS, INC.

## OFFICERS

| TITLE | NAME/ADDRESS |
|---|---|
| President & CEO | Adrian Peters<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Executive V.P. & CFO | Rolf Mallahn<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Vice President - Human Resources | Harry Hamilton<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Vice President - Customer Service | Jörg Hinke<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Vice President - Retail Systems | Herbert Cline<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Vice President - Enterprise | Joseph Maguire<br>200 Wheeler Road<br>Burlington, MA 01803 |
| Vice President, Treasurer & Controller | Winfried Sirringhaus<br>200 Wheeler Road<br>Burlington, MA 01803 |

12/21/94
OFF-DIR

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:57

DOCUMENT # 829738 (4)

1. Corporation Name
L.R. NELSON CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 5901 W WAR MEMORIAL DR<br>PEORIA IL 61615<br>US | 5901 W WAR MEMORIAL DR<br>PEORIA IL 61615<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1973
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 One Sprinkler Lane
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 One Sprinkler Lane
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 04-2499923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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84 City FL 85 Zip Code

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SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RISK, FRED J | 1.2 NAME | | |
| STREET ADDRESS | 8900 N KEYSTONE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 1.4 CITY-ST-ZIP | | |
| TITLE | DS | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BIKALES, NORMAN | 2.2 NAME | | |
| STREET ADDRESS | ONE POST OFFICE SQUARE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON MA | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FICHTHORN, LUKE | 3.2 NAME | | |
| STREET ADDRESS | 514 HOLLOW TREE RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DARIEN CT | 3.4 CITY-ST-ZIP | | |
| TITLE | DP | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | OWENS, NICK | 4.2 NAME | | |
| STREET ADDRESS | 5001 S BECKER DR | 4.3 STREET ADDRESS | 8830 W. Plank Road | |
| CITY-ST-ZIP | BARTONVILLE IL | 4.4 CITY-ST-ZIP | Hanna City, Il 61536 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MACLEAN, BARRY | 5.2 NAME | | |
| STREET ADDRESS | 1000 ALLANSON RD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MUNDELEIN IL | 5.4 CITY-ST-ZIP | | |
| TITLE | CDT | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RANSBURG, DAVID P | 6.2 NAME | | |
| STREET ADDRESS | 509 E HIGH POINT RD | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PEORIA IL | 6.4 CITY-ST-ZIP | | |

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**SIGNATURE:** _____ Raymond J. Busam 309/692-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400048 FN

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| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1 TO 12 |
|---|---|
| TITLE | = Corporate Controller |
| NAME | Raymond J. Busam |
| STREET ADDRESS | 11606 Strathmoore Ct |
| CITY-ST-ZIP | Dunlap, Il 61525 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. I do hereby certify that oath; that I appears in

SIGNATU