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Feb 11, 1997 8:00 am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 829282 (3)  
1. Corporation Name  
SIEMENS NIXDORF INFORMATION SYSTEMS, INC.



Principal Place of Business Mailing Address  
200 WHEELER ROAD 200 WHEELER ROAD  
ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT  
BURLINGTON MA 01803 BURLINGTON MA 01803-5500

3. Date Incorporated or Qualified 12/29/1972 3a. Date of Last Report 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 04-2454451	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24 Country	29 Country		

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE EVP NAME MAILAHN, ROLF STREET ADDRESS 126 NORTH BRANCH ROAD CITY-ST-ZIP CONCORD MA	1.1 TITLE EXECUTIVE VP AND CFO 1.2 NAME GUENTHER GRUBER 1.3 STREET ADDRESS 91 PINE STREET 1.4 CITY-ST-ZIP BELMONT, MA. 02178
TITLE P NAME LUSSIER, RICHARD STREET ADDRESS 9 BETTY LANE CITY-ST-ZIP ATHERTON CA 94027	2.1 TITLE PRESIDENT/CEO 2.2 NAME EDWARD A. BLECHSCHMIDT 2.3 STREET ADDRESS 1150 MT. PLEASANT ROAD 2.4 CITY-ST-ZIP VILLANOVA, PA. 19085
TITLE V NAME HAMILTON, HARRY STREET ADDRESS 38 LANCASTER ROAD CITY-ST-ZIP NORTH ANDOVER MA 01845	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE VPTC NAME SIRRINGHAUS, WINFRIED STREET ADDRESS 14 PAMELA DRIVE CITY-ST-ZIP ARLINGTON MA	4.1 TITLE TREASURER AND CONTROLLER 4.2 NAME WILLIAM C. READ 4.3 STREET ADDRESS 3 COLONIAL DRIVE 4.4 CITY-ST-ZIP BILLERICA, MA. 01821
TITLE V NAME CLINE, HERBERT STREET ADDRESS 42 FLETCHER HILL CITY-ST-ZIP GROTON MA 01450	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE V NAME GOGEL, ROBERT STREET ADDRESS 200 WHEELER ROAD CITY-ST-ZIP BURLINGTON MA 01803	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM C. READ CONTROLLER/TREASURER  
Date 617-273-0480  
Daytime Phone # 0000603

CR2E034 (9/96)