FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANN JAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

829365

(6)

Mailing Address

SIEMENS POWER CORPORATION

1 5 5 108th Avenue NF

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90121 005 ***150.00

	100 LIOOLII AVEIIUE NE	1301 Avenue	OT LH	е.	Americas	Ì			
	STE 800 New York, NY 1001			19		DO NOT WRITE IN THIS SPACE			
Bellevue, WA 98004						3. Date Incorporated or Qualifed			
						01/23/1973			
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number		Appli 3d For	
21	2	6				91-0885191		Not Applicable	
	Suite, Apl. #, etc.	Suite, Apt. #, etc.	#, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22	City & City to							-	
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
	Zip Country	Country Zip Country				8. This corporation owes the current year Intangible			
24	25	9	30			Personal Property Tax.	☐ Ye	s [No	
Name and Address of Current Flegistered Agent					10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 8751 West Broward Blvd. Plantation, FL 33324				81	Name				
				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
			ļ	84	City	F	85	Zip Code	
11	Pursuan, to the provisions of Sections 607 0502 and	607.1508 Florida Statut	es the at	oove	-named corner	ation submits this statement for the purpose	o changi	ing 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 (NOTE: Registered Agent signature requir id when reinstating) Signature, typed or printed nam of registered agent and title if applicable CIFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1.1 TITLE Change Addition 1.2 NAME STEPHENSON, ROBERT B. 13 STREET ADDRESS STREET ADDRESS 1040 South 70th Street CITY-ST-ZIP 14 CITY-ST-ZIP Milwaukee, WI 53214 OELETE Change [] Addition TITLE 21 DTLE NAME 2.2 NAME WEISS, MARK D. STREET ADDRES 2.3 STREET ADDRESS 2101 Horn Rapids Road CITY-ST-ZIP 2. 4 CITY-ST-ZIP Richland, WA 99352 ☐ DELETE ___ Change Addition 3.1 TITLE NAME 3.2 NAME BROOK, HENRY W. 3.3 STREET ADDRESS STREET ADDRES 4900 Old Ironsides Dr. CITY-ST-ZIP 3.4. CITY-ST-ZIP Santa Clara, CA 95054 DELETE Change Addition TITLE 4.1 TITLE YOUNG, LLEWELLYN P. NAME 4. 2 NAME STREET ADDRES 1301 Avenue of the Americas 4.3 STREET ADDRESS CITY-ST-ZIP New York, NY 10019 4.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 5 1 TITLE 52 NAME WRIGHT, GERALD NAME 5.3 STREET ADDRESS STREET ADDRES : 1301 Avenue of the Americas 5.4 CITY-ST-ZIP CITY-ST-ZIP New York, NY 10019 6.1 TITLE ☐ Addition TITLE 6.2 NAME NORDAHL, J.H. NAME 6.3 STREET ADDRESS 155 108th Avennue NE STREET ADDRES 6.4 CITY-ST-ZIP CITY-ST-ZIP Bellevue, WA 98009

14. I 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 uncer oath; that I am an officer or director of the corporation or the receiver or trustee empowered to elecute 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, with all other like empowered.

SIGNATURE:

SIGNATULE AND TYPED OR PLANTED NAME OF SIGNING OFFICER OR DIRECTOR

Llewellyn P. Young

212/258-4160

avime Phone #

CR2E034 (11/98)