

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90113 043 \*\*\*150.00

0442027

**DOCUMENT # 834150**

1. Entity Name  
**SIEMENS WESTINGHOUSE POWER SYSTEMS COMPANY**

Principal Place of Business 4400 ALAFAYA TRAIL ATTN: LAW DEPARTMENT ORLANDO FL 32825 US	Mailing Address 1301 AVE. OF THE AMERICAS NEW YORK NY 10019 US
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

**C0041257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address c/o Siemens Corporation 186 Wood Avenue South
City & State	City & State Iselin, NJ
Zip	Country USA

4. FEI Number <b>25-1181883</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME AS COSTA, MD STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME AS ZIKE, HW STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME S BROWN, SM STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME D GILLESPIE, MP STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME P STEINEBRONN, K.A. STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D WEEKS, CA STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME VP Michael D. Costa STREET ADDRESS 12201 Research Parkway CITY-ST-ZIP Orlando, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP/Treasurer Harry W. Zike STREET ADDRESS 4400 Alafaya Trail CITY-ST-ZIP Orlando, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D M.P. Gillespie STREET ADDRESS 12201 Research Parkway CITY-ST-ZIP Orlando, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP Christopher J. Ranck STREET ADDRESS 4400 Alafaya Trail CITY-ST-ZIP Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Assistant Secretary George Pompetzki STREET ADDRESS 186 Wood Avenue South CITY-ST-ZIP Iselin, NJ 08830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Pompetzki **George Pompetzki** 3/20/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)