
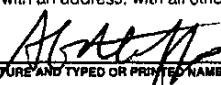


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 029 ***150.00

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 C/O SIEMENS CORPORATION 170 WOOD AVE SOUTH ISELIN, NJ 08830 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1181883	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, MICHAEL D		NAME		
STREET ADDRESS	12201 RESEARCH PKWY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIKE, HARRY W		NAME		
STREET ADDRESS	4400 ALAFAYA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SM		NAME	Nancy Orgaz	
STREET ADDRESS	4400 ALAFAYA TRAIL		STREET ADDRESS	4400 Alafaya Trail	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLESPIE, M.P.		NAME	Michael D. Costa	
STREET ADDRESS	12201 RESEARCH PKWY		STREET ADDRESS	12201 Research Parkway	
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP	Orlando, FL 32826	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCK, CHRISTOPHER J		NAME		
STREET ADDRESS	4400 ALAFAYA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEMPETZKI, GEORGE		NAME	Alan Gotliffe	
STREET ADDRESS	186 WOOD AVE SOUTH		STREET ADDRESS	170 Wood Avenue South	
CITY-ST-ZIP	ISELIN, NJ 08830		CITY-ST-ZIP	Iselin, NJ 08830	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Alan Gotliffe, Assistant Secretary 3/22/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	