

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 839097 (3)

1. Corporation Name
SIEMENS ENERGY & AUTOMATION, INC.

Principal Place of Business
% TAX DEPARTMENT
3333 OLD MILTON PARKWAY
ALPHARETTA GA 30202-4437
US

Mailing Address
% TAX DEPARTMENT
3333 OLD MILTON PARKWAY
ALPHARETTA GA 30202-4437
US



2. Principal Place of Business 21 % Tax Department Suite, Apt. #, etc. 22 3333 Old Milton Parkway City & State 23 Alpharetta GA Zip 24 30202-4437 25 Fulton		2a. Mailing Address 26 % Tax Department Suite, Apt. #, etc. 27 3333 Old Milton Parkway City & State 28 Alpharetta GA Zip 29 30202-4437 30 Fulton		3. Date Incorporated or Qualified 09/12/1977	3a. Date of Last Report 05/20/1996
		4. FEI Number 39-1280256		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL	
---	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEKROEGER, KENNETH H.	1.2 NAME	
STREET ADDRESS	3333 OLD MILTON PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOTT, THOMAS	2.2 NAME	
STREET ADDRESS	3333 OLD MILTON PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMERT, DR PETER	3.2 NAME	SV HERLING, Charles
STREET ADDRESS	3333 OLD MILTON PARKWAY	3.3 STREET ADDRESS	3333 Old Milton Parkway
CITY-ST-ZIP	ALPHARETTA GA	3.4 CITY-ST-ZIP	ALPHARETTA, GA
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, MICHAEL S	4.2 NAME	
STREET ADDRESS	3333 OLD MILTON PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUSS, LINDA U.	5.2 NAME	
STREET ADDRESS	3333 OLD MILTON PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY, MICHAEL A	6.2 NAME	
STREET ADDRESS	3333 OLD MILTON PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	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 included in 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, as changed, or on an attachment with an address.

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

CR2E034 (9/96)

0013331