

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90112 034 ***150.00

DOCUMENT # 839097

1. Entity Name

SIEMENS ENERGY & AUTOMATION, INC.

Principal Place of Business

% TAX DEPARTMENT
 3333 OLD MILTON PARKWAY
 ALPHARETTA GA 30202
 US

Mailing Address

% TAX DEPARTMENT
 186 WOOD AVENUE SOUTH
 ISELIN NJ 08830
 US

2. Principal Place of Business

3. Mailing Address

c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

186 Wood Avenue South

City & State

City & State

Iselin, NJ

Zip

Country

Zip

Country

08830

USA

4. FEI Number

39-1280256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	DIEKROEGER, KENNETH H.	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	MALLOTT, THOMAS	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HERLINGER, CHARLES	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MICHAEL S	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FEUSS, LINDA U.	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	TROY, MICHAEL A	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA	

TITLE	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard C. Buzun	
STREET ADDRESS	3333 State Bridge Road	
CITY-ST-ZIP	Alpharetta, GA 30202	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Mallott	
STREET ADDRESS	333 Old Milton Parkway	
CITY-ST-ZIP	Alpharetta, GA 30202	
TITLE	VP/CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Gabriel	
STREET ADDRESS	3333 Old Milton Parkway	
CITY-ST-ZIP	Alpharetta, GA 30202	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Williamson	
STREET ADDRESS	3333 Old Milton Parkway	
CITY-ST-ZIP	Alpharetta, GA 30005	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johannes Feldmayer	
STREET ADDRESS	Gleiwitzer Strasse 555	
CITY-ST-ZIP	Nuremberg, Germany 90475	
TITLE	VP, HR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Troy	
STREET ADDRESS	3333 State Bridge Road	
CITY-ST-ZIP	Alpharetta, GA 30356-9000	

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:

Michael S. Williamson

Michael S. Williamson

Date

3/29/01

Daytime Phone #

CR2E034 (10/00)