

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90170 044 ***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

C/O SIEMENS CORPORATION
186 WOOD AVENUE SOUTH
ISELIN NJ 08830
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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 **PCEO** ☐ Delete
NAME **BUZUN, RICHARD**
STREET ADDRESS **3333 STATE BRIDGE ROAD**
CITY-ST-ZIP **ALPHARETTA GA 30202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MALLOTT, THOMAS**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☒ Delete
NAME **GABRIEL, GARY**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30202**

TITLE **EVP/CFO/T** ☐ Change ☒ Addition
NAME **H. Volande**
STREET ADDRESS **3333 Old Milton Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **S** ☐ Delete
NAME **WILLIAMSON, MICHAEL S**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FELDMAYER, JOHANNES**
STREET ADDRESS **GLEIWITZER STRASSE 555**
CITY-ST-ZIP **NUREMBERG GR 90475**

TITLE **D** ☐ Change ☒ Addition
NAME **Helmut Gierse**
STREET ADDRESS **Gleiwitzer Strasse 555**
CITY-ST-ZIP **90475 Nurnberg, Germany**

TITLE **VPHR** ☐ Delete
NAME **TROY, MICHAEL A**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, Secretary

3/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)