

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839097

FILED
Apr 20, 2009
Secretary of State

Entity Name: SIEMENS ENERGY & AUTOMATION, INC.

Current Principal Place of Business:

% TAX DEPARTMENT
3333 OLD MILTON PARKWAY
ALPHARETTA, GA 30202 US

New Principal Place of Business:

TAX DEPARTMENT
3333 OLD MILTON PARKWAY
ALPHARETTA, GA 30202 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 39-1280256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: DENNIS, SADLOWSKI
Address: 3333 OLD MILTON PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

Title: D () Delete
Name: STUMPF, HERIBERT
Address: 153 EAST 53RD STREET
City-St-Zip: NEW YORK, NY 10022

Title: EVPC () Delete
Name: VOLANDE, HARRY
Address: 3333 OLD MILTON PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

Title: S () Delete
Name: WILLIAMSON, MICHAEL S
Address: 3333 OLD MILTON PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

Title: AS () Delete
Name: PACANSKY, BEVERLY
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: VPHR () Delete
Name: TROY, MICHAEL A
Address: 3333 STATE BRIDGE RD
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOLEN, GEORGE
Address: 153 EAST 53RD STREET
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY PACANSKY

AS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date