

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

0616734 AT

04-04-2003 90141 012 ***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
Suite, Apt. #, etc.

3. Mailing Address
**c/o Siemens Corporation
170 Wood Avenue South**

CHECK HERE IF MAKING CHANGES

City & State
Iselin, New Jersey

4. FEI Number **39-1280256**

Applied For
 Not Applicable

Zip Country Zip Country
08830 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO BUZUN, RICHARD 3333 STATE BRIDGE ROAD ALPHARETTA GA 30202 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALLOTT, THOMAS 3333 OLD MILTON PARKWAY ALPHARETTA GA <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPC VOLANDE, H 3333 OLD MILTON PARKWAY ALPHARETTA GA 30005 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLIAMSON, MICHAEL S 3333 OLD MILTON PARKWAY ALPHARETTA GA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIERSE, HELMUT GLEIWITZER STRASSE 555 NUREMBERG GR 90475 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPHR TROY, MICHAEL A 3333 OLD MILTON PARKWAY APHARETTA GA <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO Aubert Martin 3333 Old Milton Parkway Alpharetta, GA 30005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Klaus Kleinfeld 153 East 53rd Street New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Michael S. Williamson, Secretary** **3/18/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)