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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849951

1. Corporation Name

**SIEMENS WESTINGHOUSE INDUSTRY SERVICES COMPANY,
INC.**

Principal Place of Business

**4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399**

Mailing Address

**4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

25-1348839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
RIDENBAUGH, A.D.**
STREET ADDRESS **4400 ALAFAYA TRAIL**
CITY-ST-ZIP **ORLANDO FL 32826-2399**

TITLE ☒ DELETE

NAME **VD
FRIDAY, A.D.**
STREET ADDRESS **4400 ALAFAYA TRAIL**
CITY-ST-ZIP **ORLANDO FL 32826-2399**

TITLE ☒ DELETE

NAME **S
BACHY, D.M.**
STREET ADDRESS **11 STANWIX ST.**
CITY-ST-ZIP **PITTSBURGH PA 15222**

TITLE ☒ DELETE

NAME **T
MORF, C.E.**
STREET ADDRESS **11 STANWIX ST.**
CITY-ST-ZIP **PITTSBURGH PA 15222**

TITLE ☐ DELETE

NAME **D
KEHLER, J.O.**
STREET ADDRESS **4400 ALAFAYA TRAIL**
CITY-ST-ZIP **ORLANDO FL 32826-2399**

TITLE ☒ DELETE

NAME **V
BUSTAMANTE, A.**
STREET ADDRESS **4400 ALAFAYA TRAIL**
CITY-ST-ZIP **ORLANDO FL 32826-2399**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **AS
Christopher Ranck**
1.3 STREET ADDRESS **4400 Alafaya Trail**
1.4 CITY-ST-ZIP **Orlando, FL 32826**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V
A. H. Tomlinson**
2.3 STREET ADDRESS **Miowera Road**
2.4 CITY-ST-ZIP **Villawood, NSW Australia**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S
Susan Brown**
3.3 STREET ADDRESS **4400 Alafaya Trail**
3.4 CITY-ST-ZIP **Orlando, FL 32826**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **AS
Russell B. Reader**
4.3 STREET ADDRESS **4400 Alafaya Trail**
4.4 CITY-ST-ZIP **Orlando, FL 32826**

5.1 TITLE ☐ Change ☐ Addition


5.2 NAME **AS
Thomas J. Herder**
5.3 STREET ADDRESS **4400 Alafaya Trail**
5.4 CITY-ST-ZIP **Orlando, FL 32826**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **AS
Christopher J. Flynn**
6.3 STREET ADDRESS **4400 Alafaya Trail**
6.4 CITY-ST-ZIP **Orlando, FL 32826**

14. 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 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; and that I am duly authorized, as officer or director, to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Ranck

Date

Daytime Phone #

(212) 258-4223

CR2E034 (11/98)