

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856222

1. Entity Name

SIEMENS MEDICAL SYSTEMS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90061 036 ***150.00

Principal Place of Business

Mailing Address

186 WOOD AVE S.
ISELIN NJ 08830-2770
US

1301 AVENUE OF THE AMERICAS
A & C-TAX, 43RD FL.
NEW YORK NY 10019-6022
US

00010515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2417778**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
8751 WEST BROWARD BLVD.
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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
MCCAUSLAND, THOMAS N
186 WOOD AVE S.
ISELIN NJ 08830 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVD
BENDITTE, REINHARD
186 WOOD AVE S.
ISELIN NJ 08830 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
E. LUPONE, ROBERT
186 WOOD AVE S.
ISELIN NJ 08830 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Vivian L. Pratt Madison
186 Wood Avenue S
Iselin, NJ 08830 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
POMPETZKI, GEORGE
1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOSER, ALBERT
1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEINHARD, GOETZ
HENKSTR. 127
D-91052 ERLANGE, GERMANY ☐ Delete

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

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:

SIGNATURE REQUIRED Ass't Secretary

Date

Daytime Phone #

CR2E034 (9/99)