

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90079 041 ***150.00

DOCUMENT # 856222

1. Entity Name
SIEMENS MEDICAL SOLUTIONS USA, INC.



Principal Place of Business
**51 VALLEY STREAM PARKWAY
MALVERN, PA 19355 US**

Mailing Address
**C/O SIEMENS CORPORATION
170 WOOD AVE SOUTH
ISELIN, NJ 08830 US**

94052960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

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
Fees 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
MCCAUSELAND, THOMAS N
186 WOOD AVE S.
ISLEIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPT
NAERGER, JOHANNES
51 VALLEY STREAM PARKWAY
MALVERN, PA 19355** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RUGER, JAMES R PHD
186 WOOD AVE S.
ISLEIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
POMPETZKI, GEORGE
186 WOOD AVE SOUTH
ISELIN, NJ 08830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KLEINFELD, KLAUS
153 EAST 53
NEW YORK, NY 10022** ☒ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO/Treasurer
Johannes Naerger
51 Valley Stream Parkway
Malvern, PA 19355** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Assistant Secretary
Alan Gotliffe
170 Wood Avenue South
Iselin, NJ 08830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Erich Reinhardt
Henkestrasse 127
Erlangen, Germany D-91050** ☐ Change ☒ Addition

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

Alan Gotliffe

Alan Gotliffe, Assistant Secretary 3/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #