

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857120 (0)

1. Corporation Name

SIEMENS INFORMATION SYSTEMS, INC.



Principal Place of Business

Mailing Address

4900 OLD IRONSIDES DRIVE
PO BOX 58075
SANTA CLARA CA 95052
US

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

3. Date Incorporated or Qualified
07/18/1983

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

22-2417782

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME KRAUSE, H. WERNER
STREET ADDRESS 5500 BROKEN SOUND BLVD.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HASERUECK, BERND
STREET ADDRESS 5500 BROKEN SOUND BLVD.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MARCUS, JEFFREY H.
STREET ADDRESS 186 WOOD AVE S.
CITY-ST-ZIP ISELIN NJ

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S Whitehead, Adrienne D.
3.3 STREET ADDRESS 1301 Ave of the Americas
3.4 CITY-ST-ZIP New York, NY 10019

TITLE V ☒ DELETE
NAME PARIS, GARY W.
STREET ADDRESS 4900 OLD IRONSIDES DR
CITY-ST-ZIP SANTA CLARA CA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME ZAINO, LAWRENCE F., JR.
STREET ADDRESS 1301 AVENUE OF THE AMER.
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME AS Danatos, Steven C.
5.3 STREET ADDRESS 1301 Avenue of the Americas
5.4 CITY-ST-ZIP New York, NY 10019

TITLE D ☒ DELETE
NAME KROENER, PETER
STREET ADDRESS 1301 AVENUE OF THE AMER.
CITY-ST-ZIP NEW YORK NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver or trustee empowered 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.

SIGNATURE:

Steven C. Danatos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

(212) 258 4137
Daytime Phone #

CR2E034 (12/95)