2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858393

Entity Name: SIEMENS FINANCIAL SERVICES, INC.

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
170 WOOD ISELIN, NJ	AVE. SOUTH 08830 US					
Current Mailing Address:			New Mailir	New Mailing Address:		
	NS CORPORA AVE SOUTH 08830 US	ATION				
FEI Number:	13-3138748	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 8751 WEST BROWARD BLVD PLANTATION,, FL 33324 US						
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.						
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent	1	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AS () PACANSKY, BEV 170 WOOD AVE ISELIN, NJ 0883	SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () I CHALONS-BROW 170 WOOD AVE ISELIN, NJ 0883	SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () LOHNEISS, HER SEIDLSTRASSE MUNICH, GERM	24	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STUMPF, HERIBERT 153 EAST 53RD STREET NEW YORK, NY 10022		
Title: Name: Address: City-St-Zip:	CFOV () KNAPP, ROBER 170 WOOD AVE ISELIN, NJ 0883	T . SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SGC () I SCHWARTZ, MA 170 WOOD AVE ISELIN, NJ 0883	. SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (X) KUPILA, KARI SEIDELSTRASS MUNICH, GERM		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY PACANSKY AS 04/03/2008