2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 858393

Entity Name: SIEMENS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

170 WOOD AVE. SOUTH
ISELIN, NJ 08830 US

New Principal Place of Business:

Current Mailing Address:

C\O SIEMENS CORPORATION
170 WOOD AVE SOUTH
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 13-3138748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION,, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: PACANSKY, BEVERLY
Address: 170 WOOD AVE SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: P ( ) Delete
Name: CHALONS-BROWNE, ROLAND
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: D ( ) Delete
Name: STUMPF, HERIBERT
Address: 153 EAST 53RD STREET
City-St-Zip: NEW YORK, NY 10022

Title: CFOV ( ) Delete
Name: KNAPP, ROBERT
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: SGC (X) Delete
Name: SCHWARTZ, MARTIN V.
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: RAMSEUR, PAUL
Address: 170 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: VP (X) Change ( ) Addition
Name: KNAPP, ROBERT
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/20/2009

Electronic Signature of Signing Officer or Director Date