

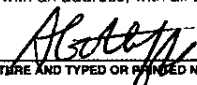


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90289 049 \*\*\*150.00

<b>DOCUMENT # F00000001214</b>					
<b>1. Entity Name</b> <b>SIEMENS POWER TRANSMISSION &amp; DISTRIBUTION, INC.</b>					
<b>Principal Place of Business</b> <b>7000 SIEMENS ROAD</b> <b>WENDELL, NC 27591</b>			<b>Mailing Address</b> <b>C/O SIEMENS CORPORATION</b> <b>120 WOOD AVE SOUTH</b> <b>ISELIN, NJ 08830</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>c/o Siemens Corporation</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>170 Wood Avenue South</b>			
City & State		City & State <b>Iselin, NJ</b>			
Zip		Zip <b>08830</b>			
Country		Country <b>USA</b>		<b>02122004 Chg-P CR2E034 (10/03)</b>	
<b>4. FEI Number</b> <b>13-4079154</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CD</b> <b>HIESINGER, HEINRICH</b> <b>PAUL-GOSSEN STRASSE 100</b> <b>ERLANGER, GR 91052</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Chairman/Director</b> <b>Udo Niehage</b> <b>Paul-Gossen-Str. 100</b> <b>Erlangen, Germany 91052</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCEO</b> <b>PACYNE, DAVID</b> <b>7000 SIEMENS ROAD</b> <b>WENDELL, NC 27591</b>	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VCFO</b> <b>REINHARD, NORBERT</b> <b>4700 FALLS OF NEUSE RD STE 200</b> <b>RALEIGH, NC 27609</b>	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>DOYLE, ELLIE</b> <b>7000 SIEMENS ROAD</b> <b>WENDELL, NC 27591</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Assistant Secretary</b> <b>Mark Bridwell</b> <b>3333 Old Milton Parkway</b> <b>Alpharetta, GA 30005</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>BUKER, MARGARET</b> <b>7000 SIEMENS ROAD</b> <b>WENDELL, NC 27591</b>	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>YOUNG, LLEWELLYN P</b> <b>186 WOOD AVENUE SOUTH</b> <b>ISELIN, NJ 08830</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Assistant Secretary</b> <b>Alan Gotliffe</b> <b>170 Wood Avenue South</b> <b>Iselin, NJ 08830</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Alan Gotliffe, Assistant Secretary</b> <b>3/5/04</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					