

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001214

FILED
Apr 04, 2006
Secretary of State

Entity Name: SIEMENS POWER TRANSMISSION & DISTRIBUTION, INC.

Current Principal Place of Business:

7000 SIEMENS ROAD
WENDELL, NC 27591

New Principal Place of Business:

4700 FALLS OF NEUSE ROAD
SUITE 200
RALEIGH, NC 27609

Current Mailing Address:

C/O SIEMENS CORPORATION
170 WOOD AVE. SOUTH
ISELIN, NJ 08830

New Mailing Address:

FEI Number: 13-4079154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: CD () Delete
Name: NIEHAGE, UDO
Address: PAUL-GOSSEN-STR., 100
City-St-Zip: ERLANGEN, GERMANY, 91052

Title: PCEO () Delete
Name: PACYNE, DAVID
Address: 7000 SIEMENS ROAD
City-St-Zip: WENDELL, NC 27591

Title: CFO () Delete
Name: HEFFTER, FRANK
Address: 4700 FALLS OF NEUSE RD STE 200
City-St-Zip: RALEIGH, NC 27609

Title: AS () Delete
Name: BRIDWELL, MARK
Address: 3333 OLD MILTON PKWY.
City-St-Zip: ALPHARETTA, GA 30005

Title: S () Delete
Name: BUKER, MARGARET
Address: 7000 SIEMENS ROAD
City-St-Zip: WENDELL, NC 27591

Title: AS () Delete
Name: GOTLIFFE, ALAN
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: PCEO (X) Change () Addition
Name: PACYNE, DAVID
Address: 4700 FALLS OF NEUSE ROAD
City-St-Zip: RALEIGH, NC 27609

Title: CFO (X) Change () Addition
Name: FLANAGAN, MITCH
Address: 4700 FALLS OF NEUSE RD STE 200
City-St-Zip: RALEIGH, NC 27609

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

Title: S (X) Change () Addition
Name: BUKER, MARGARET
Address: 3333 OLD MILTON PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN GOTLIFFE

AS

04/04/2006

Electronic Signature of Signing Officer or Director

Date