

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90128 042 ***150.00

DOCUMENT # F00000001214

1. Entity Name
SIEMENS POWER TRANSMISSION & DISTRIBUTION, INC.



Principal Place of Business
**7000 SIEMENS ROAD
WENDELL NC 27591**

Mailing Address
**C/O SIEMENS CORPORATION
186 WOOD AVENUE SOUTH
ISELIN NJ 08830**

20028608



2. Principal Place of Business

3. Mailing Address

c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

170 Wood Avenue South

City & State

City & State
Iselin, NJ

4. FEI Number **13-4079154**

Applied For

Not Applicable

Zip

Country

Zip

08830

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **HIESINGER, HEINRICH**
STREET ADDRESS **PAUL-GOSSEN STRASSE 100**
CITY-ST-ZIP **ERLANGER GR 91052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **VAN DOKKUM, JAN J**
STREET ADDRESS **7000 SIEMENS ROAD**
CITY-ST-ZIP **WENDELL NC 27591**

TITLE **President/CEO** ☐ Change ☒ Addition
NAME **David Pacyna**
STREET ADDRESS **7000 Siemens Road**
CITY-ST-ZIP **Wendell, NC 27591**

TITLE **VCFO** ☐ Delete
NAME **REINHARD, NORBERT**
STREET ADDRESS **4700 FALLS OF NEUSE RD STE 200**
CITY-ST-ZIP **RALEIGH NC 27609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **HAMILTON, HARRY**
STREET ADDRESS **7000 SIEMENS ROAD**
CITY-ST-ZIP **WENDELL NC 27591**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Ellie Doyle**
STREET ADDRESS **3333 Old Milton Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **V** ☒ Delete
NAME **LEYSHOCK, TIM**
STREET ADDRESS **7000 SIEMENS ROAD**
CITY-ST-ZIP **WENDELL NC 27591**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Margaret R. Buker**
STREET ADDRESS **3333 Old Milton Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **AS** ☐ Delete
NAME **YOUNG, LLEWELLYN P**
STREET ADDRESS **186 WOOD AVENUE SOUTH**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Llewellyn P. Young, Assistant Secretary
03-06-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)