2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003099

Entity Name: SIEMENS AIRFIELD SOLUTIONS, INC.

FILED Apr 04, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
977 GAHANNA PARKWAY COLUMBUS, OH 432300829				1200 S. PINE ISLAND RD. SUITE 250 PLANTATION, FL 33324		
Current Mailing Address:				New Mailing Address:		
	NS CORPORA AVENUE SOU 08830					
FEI Number:	31-0951204	FEI Number Applied For ()	FEI Num	nber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D RAUCH, STEPHE 977 GAHANNA PA COLUMBUS, OH	ARKWAY		Title: Name: Address: City-St-Zip:	P (X) Change () Addition RAUCH, STEPHEN H 977 GAHANNA PARKWAY COLUMBUS, OH 432300829	
Title: Name: Address: City-St-Zip:	V () D MORROW, MICH. 977 GAHANNA PA COLUMBUS, OH	AEL E V ARKWAY		Title: Name: Address: City-St-Zip:	V (X) Change () Addition MORROW, MICHAEL E 977 GAHANNA PARKWAY COLUMBUS, OH 432300829	
Title: Name: Address: City-St-Zip:	C () D FICKERS, GUY SCHUHSTR. 60 ERLANGEN, GER	elete MANY, 91052		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D GRAU, WERNER 1725 515 POB P ² MUNICH, GERMA			Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () D KOLLATZ, CHRIS 1725 515 POB P MUNICH, GERMA	101		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D GOTLIFFE, ALAN 170 WOOD AVEN ISELIN, NJ 08830	IUE SOUTH		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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