## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003099

Entity Name: SIEMENS AIRFIELD SOLUTIONS, INC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 250	IE ISLAND RD. DN, FL 33324				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
C/O SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830					
FEI Number: 31-0951204 FEI Number Applied For ( ) FEI		FEI Number Not Applicable ( )	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	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E RAUCH, STEPHE 977 GAHANNA PA COLUMBUS, OH	ARKWAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () E MORROW, MICH 977 GAHANNA PA COLUMBUS, OH	ARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () E FICKERS, GUY SCHUHSTR. 60 ERLANGEN, GEF	Delete RMANY, 91052	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E GRAU, WERNER 1725 515 POB P MUNICH, GERMA	101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E KOLLATZ, CHRIS 1725 515 POB P MUNICH, GERMA	101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () E GOTLIFFE, ALAN 170 WOOD AVEN ISELIN, NJ 0883	NUE 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					

SIGNATURE: ALAN GOTLIFFE AS 04/09/2007

above, or on an attachment with an address, with all other like empowered.