

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-04-2003 90141 016 ***150.00

0647463 AT

DOCUMENT # F00000003099

1. Entity Name
SIEMENS AIRFIELD SOLUTIONS, INC.



Principal Place of Business
**977 GAHANNA PARKWAY
COLUMBUS OH 43230-0829**

Mailing Address
**P.O. BOX 30829
COLUMBUS OH 43230-0829**

20028385



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

Zip

Country

Zip

08830

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-0951204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 **P** ☐ Delete
NAME **RAUCH, STEPHEN H P**
STREET ADDRESS **977 GAHANNA PARKWAY**
CITY-ST-ZIP **COLUMBUS OH 43230-0829**

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

TITLE **V** ☐ Delete
NAME **MORROW, MICHAEL E V**
STREET ADDRESS **977 GAHANNA PARKWAY**
CITY-ST-ZIP **COLUMBUS OH 43230-0829**

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

TITLE **CD** ☐ Delete
NAME **BRAEHMER, UDO CD**
STREET ADDRESS **POSTFACH 32 40, SIEMENS ATD 1S5 91050**
CITY-ST-ZIP **ERLANGEN, GERMANY NA NA**

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

TITLE **D** ☐ Delete
NAME **WILCKE, GERHARD D**
STREET ADDRESS **POSTFACH 32 40, SIEMENS ATD 1S5 91050**
CITY-ST-ZIP **ERLANGEN, GERMANY NA N/A**

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

TITLE **D** ☐ Delete
NAME **KROENER, PETER D**
STREET ADDRESS **186 WOOD AVE. SOUTH**
CITY-ST-ZIP **ISELIN NJ 08830**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **George Pompetzki**
STREET ADDRESS **170 Wood Avenue South**
CITY-ST-ZIP **Iselin, NJ 08830**

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 **George Pompetzki, Assistant Secretary**

SIGNATURE:

SIGNATURE REQUIRED

3/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)