

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90886 048 ***150.00

DOCUMENT # F01000003695

1. Entity Name
SIEMENS DEMATIC ELECTRONICS ASSEMBLY SYSTEMS, IN C.

Principal Place of Business
2875 NORTHWOODS PARKWAY
NORCROSS GA 30071

Mailing Address
2875 NORTHWOODS PARKWAY
NORCROSS GA 30071

2. Principal Place of Business

3. Mailing Address

C/O Siemens Corporation
Suite, Apt. #, etc.
186 Wood Avenue South

Suite, Apt. #, etc.

City & State

City & State
Iselin, NJ

4. FEI Number
58-2572981

Applied For
Not Applicable

Zip **Country** **Zip** **Country**
08830 **USA**

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 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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **TRIPPEL, PATRICK**
STREET ADDRESS **2875 NORTHWOODS PARKWAY**
CITY-ST-ZIP **NORCROSS GA 30071**

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

TITLE **VT** ☐ **Delete**
NAME **OROPEZA, MARCO**
STREET ADDRESS **2875 NORTHWOODS PARKWAY**
CITY-ST-ZIP **NORCROSS GA 30071**

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

TITLE **S** ☐ **Delete**
NAME **WILLIAMSON, MICHAEL S**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

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

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

TITLE **D** ☐ **Delete**
NAME **DREXEL, PETER**
STREET ADDRESS **RUPERT-MAYER-STR. 44**
CITY-ST-ZIP **81359 MUNICH, GERMANY**

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

TITLE **D** ☐ **Delete**
NAME **GABRIEL, GARY**
STREET ADDRESS **3333 OLD MILTON PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **George Pompetzki, Assistant Secretary**

Date

Daytime Phone #

3/8/02

CR2E034 (9/01)