
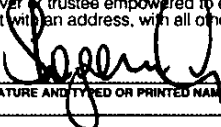


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90110 046 \*\*\*150.00

<b>DOCUMENT # F0100003695</b>					
1. Entity Name <b>SIEMENS DEMATIC ELECTRONICS ASSEMBLY SYSTEMS, INC.</b>					
Principal Place of Business <b>2875 NORTHWOODS PARKWAY NORCROSS, GA 30071</b>			Mailing Address <b>C/O SIEMENS CORPORATION 170 WOOD AVE. SOUTH ISELIN, NJ 08830</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03072005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>58-2572981</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUBER, GUENTER		NAME	Prashant Ranade	
STREET ADDRESS	2875 NORTHWOODS PARKWAY		STREET ADDRESS	507 Plymouth Ave.	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Grand Rapids, MI 49505	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROPEZA, MARCO		NAME	Thomas Doeke	
STREET ADDRESS	2875 NORTHWOODS PARKWAY		STREET ADDRESS	507 Plymouth Ave.	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Grand Rapids, MI 49505	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, MICHAEL S		NAME	Jeffrey Heinze	
STREET ADDRESS	3333 OLD MILTON PARKWAY		STREET ADDRESS	507 Plymouth Ave.	
CITY-ST-ZIP	ALPHARETTA, GA 30005		CITY-ST-ZIP	Grand Rapids, MI 49505	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Ass't Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTLIFFE, ALAN		NAME	Kenton L. Lyons	
STREET ADDRESS	170 WOOD AVENUE SOUTH		STREET ADDRESS	507 Plymouth Ave.	
CITY-ST-ZIP	ISELIN, NJ 08830		CITY-ST-ZIP	Grand Rapids, MI 49505	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREXEL, PETER		NAME	George Nolen	
STREET ADDRESS	RUPERT-MAYER-STR. 44		STREET ADDRESS	153 East 53rd St.	
CITY-ST-ZIP	81359 MUNICH, GERMANY,		CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIETH, HARALD		NAME	Klaus Stegemann	
STREET ADDRESS	RUPERT-MAYER-STR. 44		STREET ADDRESS	153 East 53rd Street	
CITY-ST-ZIP	MUICH, GERMANY, 81359		CITY-ST-ZIP	New York, NY 10022	
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, 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: 			Klaus Stegemann		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		