

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-04-2003 90141 013 ***150.00

0616716 AT

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

Principal Place of Business
**2875 NORTHWOODS PARKWAY
NORCROSS GA 30071**

Mailing Address
**C/O SIEMENS CORPORATION
186 WOOD AVE S
ISELIN NJ 08830**



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

4. FEI Number **58-2572981**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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. 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 **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 **Director**
STREET ADDRESS **Harald Mieth**
CITY-ST-ZIP **Rupert-Mayer-Str. 44**
Munich, Germany 81359

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 _____

George Pompetzki 3/6/03

Date

Daytime Phone #

CR2E034 (10/02)