

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001692

FILED
Apr 11, 2007
Secretary of State

Entity Name: SIEMENS TRANSPORTATION SYSTEMS, INC.

Current Principal Place of Business:

7464 FRENCH ROAD
SACRAMENTO, CA 95828

New Principal Place of Business:

Current Mailing Address:

170 WOOD AVE SOUTH
C/O SIEMENS CORPORATION
ISELIN, NJ 08830

New Mailing Address:

FEI Number: 13-3594873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHABERT, HANS M
Address: WERNER-VON-SIEMENS-STR. 67, 91052 ERLANGEN
City-St-Zip: POSTFACH 32 40, 91050 ERLANG,

Title: D () Delete
Name: NOLEN, GEORGE
Address: 153 EAST 53RD ST.
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HAUCK, OLIVER O
Address: 7464 FRENCH ROAD
City-St-Zip: SACRAMENTO, CA 95828

Title: D () Delete
Name: MARINGER, ALBERT DR.
Address: SIEMENS ANL A4, BEETHOVAN STRASSE
City-St-Zip: ERLANGEN, MOORENGRUNN GERMAN,

Title: AS () Delete
Name: GOTLIFFE, ALAN
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAUCK, OLIVER O
Address: 7464 FRENCH ROAD
City-St-Zip: SACRAMENTO, CA 95828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EVANS, MARK
Address: 7464 FRENCH ROAD
City-St-Zip: SACRAMENTO, CA 95828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALAN GOTLIFFE

AS

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date