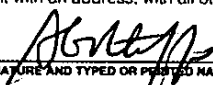


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90240 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         |                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F93000003156</b><br>1. Entity Name<br><b>SIEMENS BUSINESS SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         |                                                                                             |  |
| Principal Place of Business<br><b>101 MERRITT 7<br/>NORWALK, CT 06851</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                    |                                                                                                                     | Mailing Address<br><b>C/O SIEMENS CORPORATION<br/>170 WOOD AVENUE SOUTH<br/>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                                                                                                                                                                 | 4. FEI Number<br><b>13-3715291</b>                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S PINE ISLAND RD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         |                                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |                                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C</b><br><b>STODDEN, PAUL</b><br><b>OTTO-HAHN-RING 6</b><br><b>MUNICH, GE 81739</b> <input type="checkbox"/> Delete             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>Chairman</b><br><b>Adrian von Hammerstein</b><br><b>Otto-Mahn-Ring 6</b><br><b>Munich Germany 81739</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP</b><br><b>MEHTA, SHIRLEY</b><br><b>SIX INTERNATIONAL DRIVE</b><br><b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>AS</b><br><b>GOTLIFFE, ALAN</b><br><b>170 WOOD AVE. SOUTH</b><br><b>ISELIN, NJ 08830</b> <input type="checkbox"/> Delete        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>DRESSEL, JAN D</b><br><b>170 WOOD AVE. SOUTH</b><br><b>ISELIN, NJ 08830</b> <input type="checkbox"/> Delete         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>ROED, PETER</b><br><b>SIX INTERNATIONAL DRIVE</b><br><b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>Director</b><br><b>George Nolen</b><br><b>153 East 53rd Street</b><br><b>New York, NY 10022</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>STEGEMANN, KLAUS</b><br><b>153 EAST 53RD STREET</b><br><b>NEW YORK, NY 10022</b> <input type="checkbox"/> Delete    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| 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. |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         |                                                                                                                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    | <b>Alan Gotliffe</b>                                                                                                |                                                                                                                                                                         | <b>4/1/05</b><br>Date                                                                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                                     |                                                                                                                                                                         |                                                                                                                                                                              |  |

ATTACHMENT

40064684

## Directors / Officers Report

As of 2/1/2006

# F93000003156

### Siemens Business Services, Inc.

#### Directors

##### **Jan D. Dressel**

##### **Director**

Primary Address: Siemens Corporation  
170 Wood Avenue South  
Iselin, NJ 08830

##### **Adrian von Hammerstein**

##### **Chairman of the Board**

Primary Address:

##### **John A. McKenna**

##### **Director**

Primary Address: Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

##### **Scott Moyer**

##### **Director**

Primary Address: Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

##### **George Nolen**

##### **Director**

Primary Address: Siemens Corporation  
153 East 53rd Street  
New York, New York 10022

##### **Christian Oecking**

##### **Director**

Primary Address: Siemens Business Services GmbH & Co. OHG  
SBS ORS LTG  
Otto-Hahn-Ring 6  
Munich, Germany 81739

##### **Bernd Regendantz**

##### **Director**

Primary Address: SBS GmbH & Co. OHG IT Service  
Otto-Mahn-Ring 6  
Munich, Germany 81739

##### **Klaus Stegemann**

##### **Director**

Primary Address: Siemens Corporation  
153 East 53rd Street  
New York, New York 10022

#### Officers

##### **Adrian von Hammerstein**

##### **Chairman**

ATTACHMENT

46064684  
#F93000003156

Primary Address:

**John A. McKenna**

**President**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

**John A. McKenna**

**Chief Executive Officer**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

**Scott Moyer**

**Chief Financial Officer**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

**Thomas Neilly**

**Secretary**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

**Philip Paseltiner**

**Assistant Secretary**

Primary Address:

Siemens Business Services Inc.  
1010 Merritt 7, 6th Fl.  
Norwalk, CT 06905

**Alan Gotliffe**

**Assistant Secretary (Tax Purposes)**

Primary Address:

Siemens Corporation  
170 Wood Avenue South  
Iselin, New Jersey 08830

**Shirley Mehta**

**Vice President & Controller**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851 USA

**Scott Moyer**

**Treasurer**

Primary Address:

Siemens Business Services, Inc.  
101 Merritt 7  
Norwalk, CT 06851

**Committee Member**

**Adrian von Hammerstein**

**Compensation Committee Chairman**

Primary Address:

**George Nolen**

**Compensation Committee Member**

Primary Address:

Siemens Corporation  
153 East 53rd Street

Directors, Officers, etc. - Siemens Business Services, Inc.

New York, New York 10022

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# F93000003156

**Bernd Regendantz**

**Audit Committee Member**

Primary Address: SBS GmbH & Co. OHG IT Service  
Otto-Mahn-Ring 6  
Munich, Germany 81739

**Klaus Stegemann**

**Audit Committee Chairman**

Primary Address: Siemens Corporation  
153 East 53rd Street  
New York, New York 10022

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