

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90126 039 \*\*\*150.00

DOCUMENT # F95000001699

1. Corporation Name

SIEMENS AUTOMOTIVE CORPORATION

Principal Place of Business

2400 EXECUTIVE HILL DR  
AUBURN HILLS MI 48326-2980  
US

Mailing Address

C/O SIEMENS CORPORATION  
1301 AVENUE OF THE AMERICANS  
NEW YORK NY 10019  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

13-3784645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
8751 WEST BROWARD BLVD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	PERRY, GEORGE R	
STREET ADDRESS	2400 EXECUTIVE HILLS DR.	
CITY-ST-ZIP	AUBURN HILLS MI 48326-2980	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	JOHNSON, LYNN A	
STREET ADDRESS	615 BLAND BLVD.	
CITY-ST-ZIP	NEWPORT NEWS VA 23602	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROADLAND, CAROL L	
STREET ADDRESS	2400 EXECUTIVE HILLS DRIVE	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSENBERG	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WELLS, RUSSEL C	
STREET ADDRESS	2400 EXECUTIVE HILLS DR.	
CITY-ST-ZIP	AUBURN HILLS MI 48326-2980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRESSNIGG, FRANZ	
STREET ADDRESS	IM GEWERBEPARK D-80	
CITY-ST-ZIP	93059 REGENSBURG, GERMANY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROS LUND CAROL L
3.3 STREET ADDRESS	2400 Executive Hills Dr.
3.4 CITY-ST-ZIP	Auburn Hills, MI 48326
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randi Rosenberg

Date

Daytime Phone #

1/4/99 (212) 258-4223

CR2E034 (1/98)